P99000031837

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

WALK IN . WILL WAIT

SUBJECT: M. D. White, Inc. (Proposed corporate name - must include suffix)				
300002832233——4 -04/07/99—01070—018 *******78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☑\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Mary A. White Name (Printed or typed) 1225 Gateshead Circle Address Tallahassee, Florida 32311-5555			TALLAHASSEE, FLOF	SECRETARY OF STATE
City, State & Zip 850 - lo5lo-5lo85 Daytime Telephone number			AI E RIDA	3

NOTE: Please provide the original and one copy of the articles.

08/4/

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

M. D. White, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1225 Gateshead Circle Tallahassee, FL 32311-5555

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mary A. White
1225 Gateshead Circle, Tallahassee, FL 32311-5555

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mary A.White 1225 Gateshead Circle Tallahassee, FL 32311-5555

Mary A. White

Signature/Incorporator

4-7-99

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

4-7-99

Date