P9900032040

William Caithness 215 C Rubens Dr. Nokomis, Florida 34275

April 1, 1999

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

SUBJECT: Marcus & Williams, Inc.

I enclose an original copy of the Articles of Incorporation and a Certificate of Designation of Registered Agent for the above

corporation and a check in the amount of \$70.00

SIGNED: From:

William Caithness

215 C Rubens Dr.

Nokomis, Florida 34275

Telephone Number 1-(941(918-0449

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ARTICLES OF INCORPORATION of

Marcus & Williams, Inc.

ARTICLE I NAME

The name of the corporation shall be: Marcus & Williams, Inc.

ARTICLE II PRINCIPAL OFFICE

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

215 C Rubens Dr.

Nokomis, Florida 34275

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is;
William Caithness
215 C Rubens Dr
Nokomis, Florida 34275

ARTICLE V INCORPORATOR
The name and street address of the incorporator to these Articles of Incorporation is:
William Caithness
215 C Rubens Dr.
Nokomis, Florida 34275

The undersigned has executed these Articles of Incorporation this

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Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the state of Florida.

- 1. The name of the corporation is: Marcus & Williams Inc.
- 2. The name and address of the registered agent and office is: William Caithness 215 C Rubens Dr. Nokomis, Florida 34275

Signature:

Title:

Date:

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April 1, 1999

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:

Date:

April 1, 1999

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SECRETARY OF STATE
ARASSEE, FLORIDA