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TRANSMITTAL LETTER

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

500002835855--9

-04/12/99-01077-002

*****78.75 *****78.75

SUBJECT: HUBER ENTERPRISES OF NAPLES, INC

(Proposed corporate name - must include suffix)

99 APR 12 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DIAN M. EDWARDS
Name (Printed or typed)

1842 40TH TERR SW #8

Address

NAPLES, FL 34116

City, State & Zip

941-455-3047

Daytime Telephone number

SHARON

APR 14 1999

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

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:

HUBER ENTERPRISES OF NAPLES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1701 49TH ST SW
NAPLES, FL 34116

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

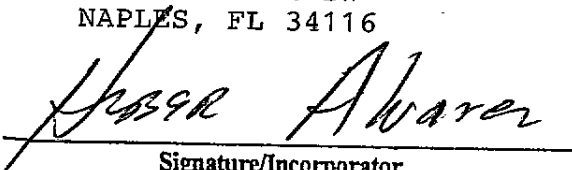
The name and Florida street address of the initial registered agent are:

DIAN M EDWARDS
1842 40TH TERR SW
NAPLES, FL 34116

ARTICLE V INCORPORATOR

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

HUBER ALVAREZ
1701 49TH ST SW
NAPLES, FL 34116


Signature/Incorporator

4/9/99
Date

(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

4/9/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA