P99000035723

Date: 02/02/99__

Secretary of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: CAROL HOWARD, INC.

200002843702--6 -04/19/99--01080--003 ****122.50 ******78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Carol Howard

Carol Howard, Inc. 6227 Helmly Ave. Spring Hill, FL 34608 (352) 596-0352

OP APR 19 AM 9: 25

FILED SECRETARY OF STALL DIVISION OF CORPORATION

ARTICLES OF INCORPORATION of

CAROL HOWARD, INC.

99 APR 19 AM 9: 25

ZIP: 34608

ZIP:

The undersigned subscriber(s) to the competent to contract, hereby form	ese Articles of Incorporation, na a corporation under the laws of	atural person(s) the State of Florida.	
ARTICL: The name of the corporation is: CA	E I - CORPORATE NAME AROL HOWARD, INC.	<u>-</u> 	
ART This corporation shall exist perpetua	TCLE II - DURATION ally unless dissolved according	to Florida law.	
ART The corporation is organized for the permitted under the laws of the Unit	FICLE III - PURPOSE purpose of engaging in any act ted States and the State of Flori	tivities of business da.	
	LE IV - CAPITAL STOCK		
The corporation is authorized to issue <u>one thousand</u> shares (1,000) of <u>one Dollar(s)</u> (\$1.00) par value Common Stock, which shall be designated "Common Shares."			
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT			
The principal office, if known, or	the mailing address of the corpo	pration is:	
NAME: Carol Howard, Inc.			
ADDRESS: 6227 Helmly Ave.	TY ODID A	ZIP: 34608	
CITY: Spring Hill,	FLORIDA		
The name and street address of the	e Initial Registered Agent of this	s Corporation is.	
NAME: Carol Howard			
ADDRESS: 6227 Helmly Ave.		ZTD 24600	
CITY: Spring Hill,	FLORIDA	ZIP: 34608	
		ODC -	
ARTICLE VI - INITIAL BOARD OF DIRECTORS			
This corporation shall have one (1) director(s) initially. The number of directors may be			
either increased or diminished from time to time by the By-Laws, but shall never be less			
than one (1). The names and addresses of the initial director(s) of the corporation are as			
follows:		=======================================	
NAME: Carol Howard		-	
ADDRESS: 6227 Helmly Ave.		* *	

FLORIDA

FLORIDA

CITY: Spring Hill,

NAME: ___ ADDRESS:

CITY:

ARTICLE VII - INCORPORATORS

The names and addresses of the inco	rporators signing these	Articles of Incorporation are
as follows: NAME: Carol Howard		
ADDRESS: 6227 Helmly Ave.		
CITY: Spring Hill,	FLORIDA	2m. ⁼ 24600
NAME:	FLORIDA	ZIP:=34608
ADDRESS:		
CITY:	FLORIDA	ZIP:
IN WITNESS WHEREOF, the und of Incorporation this 30th day of January	lersigned subscriber(s) <u>uary</u> , 19 <u>99</u> .	have executed these Articles
	Larae !	Yoward (Seal)
		(Seal)
		(Seal)
State of Florida) County of Hemando)		
before me, a Notary Public authorized to take personally appeared: Signature	De Cic # 14630	<u></u>
Signature	Form of Identifica	tion
Signature	Form of Identific	ation -
known to me and known to be the person(s) acknowledged before me that (and) the form of identification of the above na oath (was) (was not) taken.	_executed these Articles of the person as indicated witness my hand and offi	Incorporation, that I relied upon
Commission of the second secon	Notary Signa	u a Shomas

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

CAROL HOWARD, INC.

Pursuant to Florida Statues Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 6227 Helmly Ave. has named Carol Howard located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

SECKETARY OF STATIONS
SECRETARY OF STATIONS