P99000048195

H. VERNON DAVIDS, P.A.

590 Tamiami Trail Port Charlotte, FL 33953 Voice: (941) 764-8110 Fax: (941) 764-8115 165 West Green Street Englewood, FL 34223 Voice (941) 475-7922 Fax (941) 475-6105

May 19, 1999

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

SUBJECT: ASHLEMA, INC.

Enclosed is an original and one (1) copy of the articles of incorporation for ASHLEMA, INC, together with a check in the amount of \$78.75 for the filing fee and a certified copy.

FROM:

H. Vernon Davids

590 Tamiami Trail, Suite One Port Charlotte, FL 33953

941-764-8110

50000283-4-01110--012 -05/24/99--01110--012 *****78.75 *****78.75

Please respond to the Port Charlotte address.

H. Vernon Davids



ARTICLES OF INCORPORATION OF ASHLEMA, INC.

The undersigned, for the purpose of forming a corporation under ____ the Florida General Corporation Act hereby adopts the following articles of incorporation:

ARTICLE I - NAME

The name of the corporation shall be: ASHLEMA, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address shall be: 590 Tamiami Trail, Suite One, Port Charlotte, FL 33953

ARTICLE III - SHARES

The aggregate number of shares which the corporation has authority to issue is 18,000 all of which shall be common shares with a par value of \$.10 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered is H. Vernon Davids, 590 Tamiami Trail, Suite One, Port Charlotte, Florida 33953 ___

ARTICLE V - INCORPORATOR

The name and address of the Incorporator is H. Vernon Davids, 590 Tamiami Trail, Suite One, Port Charlotte, FL 33953.

H. Clerush Warra

Incorporator

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for ASHLEMA, INC. 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.

Registered Agent