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LAW OFFICE OF
H. VERNON DAVIDS, P.A.

590 Tamiami Trail
Port Charlotte, FL 33953
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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

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

Please respond to the Port Charlotte address.

H. Vernon Davids
H. Vernon Davids

FILED
99 MAY 24 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BROCK MAY 27 1999

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. Vernon Davids
Incorporator

May 19, 1999
Date

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.

H. Vernon Davids
Registered Agent

May 19, 1999
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED