05018 Address City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Mail out Photocopy Will wait Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report *****78.75 *****78.75 Foreign Fictitious Name TALLAHASSAHALIAT Limited Partnership Name Reservation OFFALL NEED CORPORATION OF CTATE Reinstatement Trademark 88 200 -3 W II: 3t Other HECEINED -Examiner's Initials

ARTICLES OF INCORPORATION OF T.H. DEISON & COMPANY, INC.



THE UNDERSIGNED HEREBY MAKES, SUBSCRIBES, ACKNOWLEDGES, AND FILES THIS CERTIFICATE FOR THE PURPOSE OF BECOMING A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA:

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS T.H. DEISON & COMPANY, INC.

ARTICLE II

PURPOSE

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY BUSINESS WHICH IS LAWFUL UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

<u>AGENT</u>

THE REGISTERED AGENT OF THIS CORPORATION IS ALLISON H. DEISON, ESQ. THE ADDRESS OF THE REGISTERED AGENT SHALL BE I 530 COLONIAL DRIVE, TALLAHASSEE, FLORIDA 32303.

ARTICLE IV

EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE V

ADDRESS

THE INITIAL STREET ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IS I 530 COLONIAL DRIVE, TALLAHASSEE, FLORIDA 32303.

ARTICLE VI

CAPITAL STOCK

THE AUT	HORIZED CAPI	TAL STOCK OF	THIS CORPOR	RATION SHALL	CONSIST OF	100
SHARES OF VO	TING COMMON	STOCK HAVING	A PAR VALUE	OF ONE DOLLA	(\$1.00)	EACH.

ARTICLE VII

CUMULATIVE VOTING

CUMULATIVE VOTING SHALL NOT BE ALLOWED IN THE ELECTION OF ITS DIRECTORS OR FOR ANY OTHER PURPOSES.

ARTICLE VIII

DIRECTORS

THIS CORPORATION SHALL HAVE NO LESS THAN ONE DIRECTOR (1). THE NUMBER OF DIRECTORS AND THE TERM LENGTH WILL BE DETERMINED BY THE BY-LAWS OF THE CORPORATION. THE INITIAL DIRECTOR OF THE COMPANY SHALL BE AS FOLLOWS:

NAME ADDRESS

THOMAS H. DEISON

1530 Colonial Drive Tallahassee, Florida 32303

ARTICLE IX

INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: THOMAS H. DEISON, 1530 COLONIAL DRIVE, TALLAHASSEE, FLORIDA 32303.

ARTICLE X

OFFICERS.

THE OFFICERS OF THE CORPORATION SHALL BE A PRESIDENT AND A SECRETARY/TREASURER, AND SUCH OTHER OFFICERS OR AGENTS AS MAY BE APPOINTED BY THE BOARD OF DIRECTORS. ALL OFFICERS, AGENTS OR EMPLOYEES AS MAY BE NECESSARY SHALL BE CHOSEN IN SUCH A MANNER, FOR SUCH TIME, AND HAVE SUCH DUTIES AS MAY BE DESCRIBED BY THE BY-LAWS OR DETERMINED BY THE BOARD OF DIRECTORS.

ARTICLE XI

INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY PERSON WHO WAS OR IS A PARTY, OR IS THREATENED TO BE MADE A PARTY, TO ANY THREATENED, PENDING OR COMPLETED ACTION, SUIT OR PROCEEDING, WHETHER CIVIL, CRIMINAL, ADMINISTRATIVE, OR INVESTIGATIVE, BY REASON OF THE FACT THAT HE IS OR WAS A DIRECTOR, OFFICER, EMPLOYEE, OR AGENT OF THE CORPORATION, OR IS, OR WAS SERVING AT THE REQUEST OF THE CORPORATION AS A DIRECTOR, OFFICER, EMPLOYEE, OR AGENT OF ANOTHER CORPORATION, PARTNERSHIP, JOINT VENTURE, TRUST, OR OTHER ENTERPRISE, AGAINST EXPENSES (INCLUDING ATTORNEYS FEES, JUDGMENTS, FINES AND AMOUNTS PAID IN SETTLEMENT) ACTUALLY AND REASONABLY INCURRED BY HIM IN CONNECTION WITH SUCH ACTION, SUIT OR PROCEEDING, INCLUDING APPEALS, TO THE FULL EXTENT PERMITTED UNDER CHAPTER 607, FLORIDA STATUTES, OR ITS SUCCESSOR STATUTE.

INDEMNIFICATION AS PROVIDED HEREUNDER SHALL CONTINUE AS TO A PERSON WHO HAS CEASED TO BE A DIRECTOR, OFFICER, EMPLOYEE, OR AGENT AND SHALL INURE TO THE BENEFIT OF HIS HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.

IN WITNESS WHEREOF, I, THE UNDERSIGNED INCORPORATOR, HEREBY SET MY HAND AND SEAL THIS 3 DAY OF JUNE, 1999, FOR THE PURPOSE OF FORMING THIS CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, AND I HEREBY MAKE AND FILE IN THE OFFICE OF THE SECRETARY OF THE STATE IN THE STATE OF FLORIDA THE CERTIFICATES OF INCORPORATION AND CERTIFY THAT THE FACTS HEREIN STATED ARE TRUE.

THOMAS H. DEISON, INCORPORATOR

BEFORE ME, THE UNDERSIGNED OFFICER, DULY AUTHORIZED TO TAKE ACKNOWLEDGMENTS AND ADMINISTER OATHS, PERSONALLY APPEARED THOMAS H. DEISON, AND BEING FIRST DULY SWORN AND UPON HIS OATH, STATER THAT HE SIGNED THE ABOVE ARTICLES OF INCORPORATION FOR THE CONDITIONS AND PURPOSES THEREIN EXPRESSED THIS DAY OF JUNE, 1999.

NOTARY PUBLIC - STATE OF FLORIDA

PRINTED NAME OF NOTARY; COMMISSION NUMBER AND EXPIRATION OF COMMISSION

PERSONALLY KNOWN TO ME

OR PRODUCED THE FOLLOWING IDENTIFICATION:



Sonya K. Dzws My Commission # CC569407 Expires July 26, 2000 Bonged thru troy fain insurance, inc.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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 office/registered agent, in the state of Florida.

- 1. The name of the corporation is: T.H. DEISON & COMPANY, INC.
- 2. The name and address of the registered agent and office is:

<u>Allison H. De</u>	ison				
		(1)	IAME)		
1530 Colonial	Drive		<u> </u>		
	(P.O.	BOX N	OT ACCEPTA	ABLE)	
Tallahassee,	Florida 32	303	• -		

(CITY/STATE/ZIP)

TITLE______

DATE (0/3/99

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 Allson H. Duson) date (0/3/99

REGISTERED AGENT FILING FEE: \$35.00

99 JUN -3 PM 3. 15
SECRETARY OF STATE
TALL AHASSEE E BAILE