7990000050859

Date 5-12-99

Secretary of State Division of Corporations P. O. Box 6327 Talahassee, FL 32314

Re: LOUIS R. THOLHOFER & ASSOCIATES , Inc. (name of corporation)

TALL AHASSEF FLORIDA

Gentlemen:

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

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

Very truly yours,

500002891315--5 -06/01/99--01126--017 ****122,50 *****78.75

(individual's name)
LOUIS R. THELHOFER

LOUIS R. THOLHOFER & ASSOCIATES, INC. (name of corporation)

PHONE

(727) 587-0103
Area Code Number Ext.

. FILED

ARTICLES OF INCORPORATION

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1999 JUN -1 AM 9: 41

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|-------------|--|-------------------------------------|---------------------------------------|------------------|----------------|---|
| | | LOUIS R. | THOLHOFER & | | s, INC. | AECRETARY OF STATE |
| mt a sunda. | | to these Artisl | • | • | on(s) compe | tent to contract, hereby form a |
| corporation | on under the laws of | of the State of | Florida. | m, naturai pors | on(s) compo | to contract, not boy to the |
| | | ART | TICLE I - CORF | ORATE NAM | E | |
| The name | e of the corporation | ı is: | , | | | |
| | | LOUIS R. | THALHOFER & | ASSOCIATE | S, INC. | |
| | | | ARTICLE II - I | DURATION | | · |
| This corp | ooration shall exist] | erpetually unl | ess dissolved acc | ording to Flor | rida law. | |
| | | | ARTICLE III - | PURPOSE | | |
| | oration is organized tates and the State | | e of engaging in | any activities o | r business pe | ermitted under the laws of the |
| •• | | AR | TICLE IV - CA | PITAL STOC | ĸ | |
| The corpo | oration is authorized | to issue FIV | E HUNDRED | shares | (500) | of ONE |
| Dollar(s) | (\$ 1.00 |) par va | due Common St | ock, which sha | ill be designa | ated "Common Shares." |
| | AR | TICLE V - IN | ITIAL REGISTI | RED OFFICI | E AND AGE | ENT |
| The prine | cipal office, if know | | | | | |
| IAME | LOUIS R. THOL | | | | | |
| DDRESS | P.O. BOX 687 | | | | | |
| TTY | CLEARWATER, | 2 | · | FLORIDA | 1 | ZIP 33757 |
| | e and street addres | | l Registered Age | ent of this Co | poration is: | |
| (AME | LOUIS R. TH A L | IOFER | | | | |
| DDRESS | 1654 PALACE D | | | | | |
| TTY | CLEARWATER, | | | FLORIDA | | ZIP 33756 |
| | OHEMIWIA DIK. | ARTICLE V | VI - INITIAL BO | OARD OF DI | RECTORS | |
| increased | oration shall have | ONE n time to time stor(s) of the o | by the By-Laws | , but shall nev | | nber of directors may be either nan one (1). The names and |
| VAME | LOUIS R. THOL | HOFER | | | | |
| ADDRESS | 1654 PALACE D | R | , | | | |
| CITY | CLEARWATER, | | | STATE | FLORIDA | ZIP 33756 |
| NAME | | | | | | |
| ADDRESS | | | | | | |
| CITY | | | | STATE | | ZIP |
| NAME | | | | | | |
| ADDRESS | | | | | | |
| | ······································ | · | · · · · · · · · · · · · · · · · · · · | | | |

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| 2142 | LOUIS R. THALHOFER | | |
|-------------|---------------------------------|---|--|
| NAME | | | |
| ADDRESS | 1654 PALACE DR. | | |
| CITY | CLEARWATER, | STATE FLORIDA | ZIP 33756 |
| NAME | | | |
| ADDRESS | : | | |
| CITY | | STATE | ZIP |
| NAME | | | |
| | | | |
| ADDRESS | | | 7770 |
| CITY | | STATE | ZIP |
| day of | MAY , 19 99 . | ubscriber(s) have executed these Articles of Inco | (Seal |
| | | LOWIS R. THOLHOFER | (Seal |
| | | | (Pag |
| | | | (Sea |
| | | | |
| STATE (| OF FLORIDA) | SS | |
| COUNT | Y OF PINELLAS | | |
| before me | | e acknowledgements in the State and County se | et forth above, personal |
| •• | LOUIS R. THALHOFER | | |
| | | | |
| known to | n me and known to be the person | n(s) who executed the foregoing Articles of | Incorporation, and wh |
| | | executed these Articles of Incorporation. | |
| QCSC1101110 | aget belove the that | Constitution 12 and 12 | |
| TAT XX 2000 | TEGG WITTENEOF II. | fixed my hand and seal, in the State and County | oformarid this / 12 1 |
| TO MIT | MAY . 19 99 . | nixed my hand and sear, in the State and County a | Holesaid, this v · · · |
| day of _ | MAY , 19 99 . | S I NI | |
| | a | / Just () abo | |
| | (Notary Seal) | (Notar) Public, State of Florida at Large) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | My Commission expires Lisa We Notary Public, Sta OFRO My Commission Po- 1-800-3-NOTARY - Fls. Notary Servi | te of Florida CC 510475 phos 11/13/99 % |

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

| LOUI | IS R. | THALHOFER & ASSOCIATES, | INC. | |
|------|-------|-------------------------|------|---|
| | | (name of corporation) | | - |

Pursuant to Florida Statutes 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 _ | 1654 PALACE DR. |
|------|--|
| | CLEARWATER, FL. 33756 |
| has | named LOUIS R. THOLHOFER |
| loca | ted at the aforesaid address, as its Registered Agent to accept service of process |
| with | in this state. |

ACKNOWLEDGEMENT

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.

force (registered agent)

LOUIS R. THOLHOFER