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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Lineage Management Company of Florida

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<input type="checkbox"/>	NonProfit
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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

LINEAGE MANAGEMENT COMPANY OF FLORIDA

The undersigned hereby organize and subscribe to these Articles of Incorporation under the laws of Florida.

I.

The name of the corporation shall be:

LINEAGE MANAGEMENT COMPANY OF FLORIDA

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

**8251 SW 27 Avenue
Ocala, FL 34476**

and the name of its initial Registered Agent at such address shall be:

DAVID B. WINGFIELD

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V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

David B. Wingfield
8251 SW 27 Avenue
Ocala, FL 34476

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 7 day of July 1999.



DAVID B. WINGFIELD

STATE OF FLORIDA
COUNTY OF MARION


BEFORE ME, a Notary Public this day personally appeared DAVID B. WINGFIELD, who is/are personally known to me or produced _____ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Marion County, Florida this 7 day of July, 1999.




Notary Public
My commission expires:

Having been named Registered Agent of LINEAGE MANAGEMENT COMPANY
OF FLORIDA, I hereby accept said office and agree to comply with the provisions of
Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.


DAVID B. WINGFIELD
Registered Agent

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