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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32414

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-09/09/99--01062--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: TekMark of Destin Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for \$78.75 for the Filing Fee and a Certified Copy.

FROM:

Lonnie P. Hearne  
752 Vintage Circle  
Destin, Florida 32541  
1-850-837-2858

  
Lonnie P. Hearne/Incorporator

  
Date

FILED  
99 SEP -9 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I- NAME

The name of corporation shall be TekMark of Destin Inc.

### ARTICLE II- PRINCIPAL OFFICE

The principle place of business of this corporation shall be 752 Vintage Circle, Destin, Florida, 32541 and the mailing address shall be P.O. Box 1107, Destin, Florida 32540.

### ARTICLE III- SHARES

The number of shares that this corporation is authorized to have outstanding at any time is Ten Thousand (10,000) shares of common stock, each share having a par value of One Dollar (\$1.00).

### ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Lonnie P. Hearne  
752 Vintage Circle  
Destin, Florida 32541

### ARTICLE V- INCORPORATOR

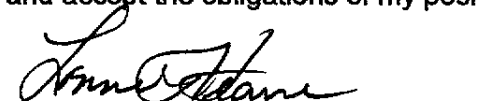
The name and street address of the incorporator of these Articles of Incorporation is:

Lonnie P. Hearne  
752 Vintage Circle  
Destin, Florida 32541

  
Lonnie P. Hearne/Incorporator

  
Date

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Lonnie P. Hearne/Registered Agent

  
Date

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99 SEP -9 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA