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1999 SEP 20 PM 12: 44

# TRANSMITTAL LETTER SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

200002990972--6 -09/20/99--01077--020 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Ode Rocal Partners, TW.

(Proposed corporate name - must include suffix)

| or: | an original     | and one (1) cop                        | y of the articles of   | incorporation and a check                         |
|-----|-----------------|--|--|---|
|     | 70.00<br>ng Fee | \$78.75<br>Filing Fee<br>& Certificate | \$122.50 Filing Fee & Certified Copy   | \$131.25 Filing Fee, Certified Copy & Certificate |
|     | FROM:           | 012 EN<br>Name<br>624                  | prida Arti   | NE-ZUM  |
|     |                 | 941-                                   | Address  Add | 34102   |

NOTE: Please provide the original and one copy of the articles.

augl.

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### ARTICLES OF INCORPORATION SECRETARY OF STATE ARTICLES OF STATE ART

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

#### ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

shi-No Par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

#### ARTICLE V INCORPORATOR(S)

| The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): |
|---|
| MERAT B. MATHENS  |
|   |
| MINIOUT MIN   |
| MAPIES, FL., 34102  |
|   |
|   |
|   |
| The undersigned incorporator(s) has(have) executed these Articles of Incorporation this               |
| aday of September, 19 99.   |
| 1 Meleur Moether  |
| Signature   |
| Signature   |
| Signature   |

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Old Thord TANTON | . Vate                                | ノ |
|----|--|---------------------------------------|---|
|    |  | · · · · · · · · · · · · · · · · · · · |   |

2. The name and address of the registered agent and office is:

MERAN SECRETARY OF STATE ORIDA

(Name)

(Name)

(P.O. Box not acceptable)

(City/State/Zip)

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.

TMULLIUS 9-22-99
(Signature) (Date)