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TRANSMITTAL LETTER

99 SEP 27 AM II: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P.O. Box 6327 -09/27/93--01018--010 ******70.00 *****70.00

Tallahassee, FL 32314

SUBJECT:

SCHOOLEY BROTHERS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee & Certificate ⇒ \$122.50

□ \$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: FRANK SCHOOLEY

Name (Printed of typed)

2746 GEARY ST

Address

MATLA CHA, FL 33993

City, State & Zip

941 283 3978

Daytime Telephone number

PH 9/30/99/

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

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: SCHOOLEY BROTHERS, INC.
2. The principal place of business and mailing address of the corporation is:
3. The corporation shall have the authority to issue shares of stock.
4. The registered agent of the corporation is <u>DOREEN SCHOOLEY</u> and the registered street address is <u>2746 GEARY ST</u> , <u>MATLACHA</u>
Florida 33993 5. The initial Board of Directors shall have 4 member(s) whose name(s) and address(es)
is/are as follows:
MICHELE + JAMES SCHOOLEY 1635 N. DATSTORE THE 33993
DOREEN + FRANK SCHOOLEY 2746 GEARY ST, MATLACHA, FL 33993
The number of directors may be raised or lowered by amendment of the bylaws of the
corporation but shall in no case be less than one.
whose
street address is 2146 GEARY 31 , MAILINGAR, TO STATE OF THE STATE OF
SEC TO
Dated 9/18/99
Frank Schoole
Incorporator
Having been named as registered agent and to accept service of process for the above stated

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 am familiar with and accept the obligations of my position as registered agent.

Dated 9/18/99

DOREEN SCHOOLEY Doren Schoole Registered Agent