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

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GRAI SUBJECT: \bigcirc (Proposed corporate name must include suffix

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

STO.00 Filing Fee	 \$78.75 Filing Fee & Certificate of Status 	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	 \$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED 	
FROM:	P.O. Box # 76103 ANT			99 SFP 29
	St. PETERSR	Address URG F1 3 State & Zip 4 - 4930		
Daytime Telephone number				-

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

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 the corporation shall be:

GRANITE MERCHANDISING, CORP.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

P.O. BOX # 76103 St. PETERSBURG, F/ 33734

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: CHARLENE KIESS

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

EDWARD SEXTON

ensture/Incorporat

P.O. BOX # 76103 ST. PETERSBURG, F133734

1736 WILSHIRE COURT

LAKELAND, FI 33813

9-27-99

(An additional article must be added if an effective date is requested.)

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

IBA) Signature/Registered Agent

9-27-99

FILED ⁹⁹ SEP 29 AM 10: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA