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

000003001990--5 -09/30/99--01079--010 *****87.50 *****87.50

Bless Pour Heart, 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 **□ □** \$78.75 Filing Fee Filing Fee

& Certificate of Status

□\$78.75

⊉∕\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Shannon Kanobroski Annala Name (Printed or typed)

Cumberland Gap Trail

904-777-1505

Daytime Telephone number

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

TK 10/4/99

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:

Bless Your Heart, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2770 Park Street

Jax., F1 32205

ARTICLE III SHARES

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

one hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shannon K. Annalo

8002 Cumberland Gap Trail

Jax., Fl. 32244

ARTICLE'V INCORPORATOR

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

Shannon K. Annala

8002 Cumberland Gap Trail

Jax, F(.32244

9-29-99

Date

Signature/Incorporator

(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 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

Signature/Registered Agent

Date