## TRANSMITTAL LETTER

Department of State

## P990000 90574

| Division of Corpora   | tions                               |                             |                       |
|-----------------------|-------------------------------------|-----------------------------|-----------------------|
| P. O. Box 6327        |                                     | 2                           | 000030112427          |
| Tallahassee, FL 32314 |                                     | <del></del> .               | -10/11/9901087002     |
|                       |                                     |                             | *****87.50 *****87.50 |
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| CIMTEON.              | CENTON FIRE                         |                             |                       |
| SUBJECT:              | CENTRAL FLOR                        | rate name - must include su |                       |
|                       | (i roposed corpor                   | rate name - must menude su  | 99 OCT TALLAHA        |
|                       |                                     |                             | 두                     |
|                       |                                     |                             | 天 二 一                 |
|                       |                                     |                             | LED<br>SEE, O         |
|                       |                                     |                             | TO TO                 |
| Enclosed is an origin | nal and one(1) copy of the articles | s of incorporation and a    | check for:            |
|                       |                                     |                             | / 95 5                |
| <b>\$70.00</b>        | <b>□</b> \$78.75                    | <b>□</b> \$78.75            | <b>☑</b> \$87.50      |
| Filing Fee            | Filing Fee                          | Filing Fee                  | Filing Fee,           |
|                       | & Certificate of Status             | & Certified Copy            | Certified Copy        |
|                       |                                     |                             | & Certificate of      |
|                       |                                     |                             | Status                |
|                       |                                     | ADDITIONAL CO               | PY REQUIRED           |
|                       |                                     |                             |                       |
| FROM:                 | _ TROY D. SE                        | cheest                      |                       |
|                       | Name (Pr                            | inted or typed)             |                       |
|                       |                                     | _                           | ,                     |
|                       | 222 Robbin                          | US KEST CIE                 | $cl\epsilon$          |
|                       | A                                   | ddress                      |                       |
|                       |                                     |                             |                       |
|                       | DAVENPORT,                          | FL 33837                    | 7                     |
|                       | City, S                             | State & Zip                 |                       |
|                       | (112) 112: 01                       |                             |                       |
|                       | 1/100 \ //21 /26                    | 9/39                        |                       |

F. CHABUSH UUI [ 4 1999]

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

obligations of my position as registered agent

Signature/Registered Agent

| 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:  |
| CENTRAL FLORIDA CAD DESIGN, INC.   |
| CENTRAL FLURIDA CAU DESIGNITIVE, Ho Z  |
| $\Xi_{\alpha}$   |
| ARTICLE I NAME  The name of the corporation shall be:  CENTRAL FLORIDA CAD DESIGN, INC.  ARTICLE II PRINCIPAL OFFICE |
|  |
| The principal place of business and mailing address of this corporation shall be:                                    |
| Principal Office; 3015 EAGLE LK. DR.   MAILING ADDRESS: P.O. BOX 771119  |
| ORLANDO, FL 32837 ORLANDO, FL  |
| 32877-1119   |
| ARTICLE III SHARES   |
| The number of shares of stock that this corporation is authorized to have outstanding at any one time is:            |
| 10,000 / TEN THOUSAND  |
| 70,000 7 100 7.1000  |
|  |
| ADMICI D DI COMPANDO ACOMBANO CARRON ADDROCC   |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS   |
| The name and Florida street address of the initial registered agent are:   |
| TROY D. SECHREST<br>222 ROBBINS REST CIRCLE  |
| 7  |
| DAUENPORT, FL=33837  |
| ARTICLE V INCORPORATOR   |
| The <u>name and address</u> of the incorporator to these Articles of Incorporation are:                              |
| P.O. Box 771119  |
| 22 22 21 110   |
| TROY D. SECHREST CREANDO, LL 328 17-1119   |
|  |
|  |
| In D. Shirt October 7, 1999  |
| Signature/Incorporator Date  |
| CENTRAL FLORIDA CAD DESIGN, INC.   |
| - SUMME PLUMIDA CAID DESIGN, THE.  |
|  |
| (An additional article must be added if an affective data is requested )   |
| (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