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FILED

99 OCT 25 AM 10: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

500003023745---2 -10/25/99--01093--008 *****87.50 *****87.50

SUBJECT: Newby's Creations, Inc.
(Proposed corporate name - must include suffix)

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

S70.00 Filing Fee

☐ \$78.75 Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Lynda H. Preble

Name (Printed or typed)

4294 Tanglewilde Dr. S.

JACKSONVIlle, FL 32257

104) 262-1053

Daytime Telephone number

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

PH 10/26/85/

ARTICLES OF INCORPORATION OF NEWBY'S CREATIONS, INC.

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SECRETARY OF STATE

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

The name of the corporation shall be Newby's Creations, Inc.

ARTICLE II

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

Newby's Creations, Inc. 9 Spanish Street St. Augustine, Florida 32084

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares.

ARTICLE IV

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

Lynda H. Preble 4294 Tanglewilde Drive South Jacksonville, Florida 32257

ARTICLE V

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

Lynda H. Preble 4294 Tanglewilde Drive South Jacksonville, Florida 32257

Signature/Incorporator

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 registefell agent.

Signature/Registered Agent