P99000097494

FILED
99 NOV -4 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

800003035048--4
-11/04/99--01060--008
*****78.75 *****78.75

SUBJECT: **Caber Enterprises, Inc.**
(Proposed corporate name)

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

$ 78.75 Filing fee and Certificate

Additional copy required.

FROM: **Robert Stephens**
(Name)

1669 Arcadia Ave
(Address)

Sarasota, Fl 34232
(City, State, Zip)

(941) 376 8510
(Daytime Telephone Number)

NOTE: Please provide the original and <u>one copy of the articles.</u>

PH 11/5/99

FILED

99 NOV -4 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. CORPORATE NAME

The name of this corporation shall be:

CABER ENTERPRISES, INC.

ARTICLE II. PRINCIPAL OFFICE

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

P.O. BOX 7560
Sarasota, Fl 34278

ARTICLE III. CORPORATE SHARES

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

1,000 shares

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Stephens
1669 Arcadia Avenue
SARASOTA, FL 34232

ARTICLE V. INCORPORATOR(S)

The name and street address of the incorporator to these Articles of Incorporation is

Robert Stephens, 1669 Arcadia Avenue, Sarasota Fl 34232

The undersigned incorporator has executed these Articles of Incorporation this 2nd *day of* November, *19* 99.

Robert Stephens
(Signature)

FILED

99 NOV -4 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: **Caber Enterprises, Inc.**

2. The name and address of the registered agent and office is:

Robert Stephens
(Name)

1669 Arcadia Avenue
(Address)

Sarasota, Fl 34232
(City/State/Zip)

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.

Robert Stephens — 11.2.99
(Signature) (Date)

DIVISION OF CORPORATIONS, P O. BOX 6327, TALLAHASSEE, FL 323314