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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

GATOR LAND SERVICES INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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| Estimated Charge | \$78.75 |

F. CHEN

NOV 30 1999

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ARTICLES OF INCORPORATION
OF

GATOR LAND SERVICES INC

ARTICLE I NAME

The name of the corporation shall be:

GATOR LAND SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

6010 SPRUCE DRIVE

FORT PIERCE, FL 34982

ARTICLE III CAPITAL STOCK

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

FIVE HUNDRED (500)

PREPARED BY:
TRIPLE CHECK INCOME TAX SERVICE
2306 DELAWARE AVE
FORT PIERCE FLORIDA 34947

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 30 PM 8:08

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JOHN HONEA

6010 SPRUCE DRIVE

FORT PIERCE, FL 34982

ARTICLE V INCORPORATOR

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

JOHN HONEA

6010 SPRUCE DRIVE

FORT PIERCE, FL 34982

The undersigned has executed these Articles of Incorporation this 30 day of NOVEMBER 1999.



JOHN HONEA

, Incorporator

CERTIFICATE OF DESIGNATION

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:

GATOR LAND SERVICES INC

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

JOHN HONEA

6010 SPRUCE DRIVE

FORT PIERCE, FL 34982

Signature:

John Honea

Title:

PRESIDENT

Date:

NOVEMBER 30, 1999

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:

John Honea

Date:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA