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99 DEC -9 AHII: 07

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

******78.75 ******78.75

SUBJECT:	Buyers's Brokers of NorthWest Florida, Inc.			
	(Proposed corpo	rate name - must include suf		
S70 Filing I	.00 🖺 \$78.75	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FF.	ROM: Buyers! Brokers of North Name (West Florida, Inc. Printed or typed)		· ·
	4327 7th Ave	Address		the section with
Marianna, Florida 32446 City, State & Zip				To esta Aris III.
	850-526-4663 Daytime	Telephone number		গৈছিলেন

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

PH 12/13/55

ARTICLES OF INCORPORATION

FILED The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. 99 DEC -9 AMII: 07 SECKETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be:

Buyers Brokers of NorthWest Florida, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be: 4327 7th Ave

Marianna, Fl 32446

Marianna, Fl 32447-0414

SHARES ARTICLE III

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara E. Simmons

4327 7th Ave

PO Box 414

Marianna, Florida 32447-0414

ARTICLE V INCORPORATOR

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

Barbara E. Simmons

4327 7th Ave

PO Box 414

Marianna, Fl 32447-0414

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

TALLAHASSEE, FLORIDA