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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tullahassee, FL 32314 300001743069 -03/14/96--01059--003 *****122.50

SUBJECT: LANCE WILCOX - AACTION SCRVICES, TNC
(Proposed corporate name - must include sulfix)

inclosed is an <mark>origina</mark> or :	l and one (1) co	opy of the articles o	f incorporation a	and a check 1
\$70.00 Filing Fee	Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate Required	
FROM:	LANCE Name	(Discox (printed or typed)		
	1339 0	SANTOS ROAD Address	<u></u>	
	71. My	FPS B FL ry, State & Zip	33931	
	(941) 4/4 Daytime	3 - 7117 Telephone number	 	

E CHESSET MAR 1 9 1996

ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

LANCE WILCOX — HACTION SCRVICES, THE STATE OF STATE OF

ARTICLE II PRINCIPAL OFFICE

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

1339 SANTOS ROME (ROND) FT. MYERS BEACH, FL. 33931

ARTICLE III SHARES

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

200 SARRES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

BARRY WIL COX 15394 MYRTLE ST. 7t. MYERS, FL. 33908

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LANCE WILCOX

1339 SANTOS DENTE

FT. MYERS BEACH, 71 33931

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	LANCE WILCOX-AND	Tion SPRVICES, INC
2. The name and address of the reg	istered agent and office is: Wilcox	96 HAR
,	(NAME) ON ATTE ST: Box or Mail Drop Box NOT ACCEPTABLE)	LED LAM 9: 37 LAN 9: 37 SSEE, FLORIDA SSEE, FLORIDA
FT. MyE	RS. F.L. 33908 (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.

Carry M Wileon 3/8/96 (SIGNATURE) (DATE)