P98400023390

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

(Proposed corporate name - must inexude suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 \$122.50 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) 417 D Williams Street Address 32303 Tallahassee, Florid City, State & Zip (850) 222-4740

Of gh

Daytime Telephone number

ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

S. Bowne' & Company

ARTICLE II PRINCIPAL OFFICE

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

1018 Thomasville Road, Tallahassee, Florida 32303 Suite 110



ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shirlee P. Bowne' Suite 110,1018 Thomasville Road, Tallanassee, Florida 32305

ARTICLE V INCORPORATOR

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

Shirlee P. Bowne' - Suite 110, 1018 Thomasville Road, Tallahassee, Florida 32305

Signature/Incorporator Shirlee P. Bowne"

Data

(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

Date