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TRANSMITTAL LETTER

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

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	S S Inc	e name - must include su	ffix)	
		py of the articles of i \$122.50 Filing Fee & Certified Copy	ncorporation and signal state of the state o	a check
FROM: _	Nam	arvin E. Pittman e (printed or typed) 000 Hwy 87 Ste I		
	(8	Address avarre, FL 3256 City, State & Zip 350) 939-3261	6	98 MAY -6 PM

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

osube



ARTICLES OF INCORPORATION

98 MAY -6 PM 3: 36

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.

ARTICLE I NAME

The name of the corporation shall be:

AD&SSInc.

ARTICLE II PRINCIPAL OFFICE

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

2190 Hwy 29 N Cantonment, FL 32533

ARTICLE III SHARES

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

One Thousand (1000).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Archie D. Simpkins 2190 Hwy 29 N Cantonment, FL 32533

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incotion is(are): Marvin E. Pit	orporator(s) to these Articles of Incorpora-
3650 Bob Tolk	pert Rd.
Navarre, FL	32566
•	
ARTICLE VI OFFI	CER(S)
The name(s) and street address(es) this corporation are:	of the initial Officers of
NAME	ADDRESS
	2190 Hwy 29 N
-	Cantonment, FL 32533
and the second s	
<u>-</u> ·	
	•
The undersigned incorporator(s) bas(baye) eve	equited these Artisles of Incorporation this
The undersigned incorporator(s) has(have) exe	ecuted these Articles of incorporation this
l0thday ofApril	, 19 _98
Mawin Ether	
Signato	u o
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Signatu	re

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: $AD+55$ INC .	
2. The name and address of the registered agent and office is: ARCHIE D SIMPKINS (Name) 190 HWY 39 N (P.O. Box not acceptable) CANTON MENT FL 32533 (City/State/Zip)	SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -6 PM 3: 36

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 appointments 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.