TRANSMITTAL LETTER

P98000044217

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

subject: Amei	ZICA'S PROFESS	SINAL COU rate name - must include suff	É Compute	R Source, INC.
Enclosed is an original a	and one(1) copy of the artic	es of incorporation and a	check for	_
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	·
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	904-659 Daytime Telepho	- 2/11 one number		98 MAY 13 PI SECRETARY OF

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

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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:

America's Professional Copy & Computer Source, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal Place Of Business: 1331-2 State Road 100 Grandin, Florida 32138

Mailing Address: PO Box 190 Keystone Heights, Florida 32656

ARTICLE III SHARES

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

There Shall Be One Hundred (100) Share Of Stock

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

Donald Johnson, 1331-2 SR-100 Grandin, Florida 32138

ARTICLE V INCORPORATOR

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

Donald Johnson, 1331-2 SR-100 Grandin, Florida 32138

SECRETARY OF STATE TALLAHASSEE FLORIDA

Signature/Incorporator

Date

(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