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2. 12/16

TRANSMITTAL LETTER

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

SUBJECT:	ADEL DAWSEN CO	DRPORATION	
	inal and one (1) copy of the art	ATE NAME – <u>MUST INCL</u> I	
\$70.00 Filing Fee	□ \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	MICHAEL R. Name 7/2 SOUTH	CAREY ESQUIA (Printed or typed) OREGON AVENO Address	
-	- •	FLORIDA 3360, State & Zip 50 - 0577 Telephone number	26

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME

The name of the corporation shall be: ADEL DAWSON CORPORATION



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. BOX 1834/
TAMPA, FLORIDA 33679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL R. CAREY 7/2 SOUTH OREGON AVENUE TAMPA, FLORIDA 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TIM KLACE P.O. BOX 18341 TAMPA, FLORIDA 33679

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Muchael R. Coray	12/13/04/
Signature/Registered Agent	Date
Jum Klan	+2/13/04
Signature/Incorporator	Date