TRANSMITTAL LETTER

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

400002517	72947
400002517 -05/08/98	-01081007
*****78.75	*****78.75

SUBJECT:	THE	HENSON	Corporation	
	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

	Ard Indi	.00
Fil	ing/	tjed

□\$122.50
Filing Fee
& Certified Copy

\$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

1249 NEW YORK AVE Address Dunepin, Fl 34698 City/State & Zip

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 12, 1998

BILL G. HENSON 1249 NEW YORK AVENUE DUNEDIN, FL 34698

SUBJECT: THE HENSON CORPORATION NON PROFIT

Ref. Number: W98000010739

We have received your document for THE HENSON CORPORATION NON PROFIT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

NON PROFIT can not be a part of the corporate name. Please delete NON PROFIT.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 198A00026187

ARTICLES OF INCORPORATION

The undersigned, acting as incorporators(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

The HENSON corporation



ARTICLE II

Principle place of business and mailing address

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

1249 NEW YORK AVE DUNEDIN, FL. 34698

ARTICLE III

Purpose

The specific purpose(s) for which the corporation is organized is (are):

To provide Community assistance in Education, Public Safety and to promote Co-operation in Government at all levels.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

As adopted in Corprate By-laws

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

as adopted in corporate By -Laws

ARTICLE VI

Initial registerd agent and street address

The name and address of the initial registered agent is:

Bill G.Henson 1249 New York Ave Dunedin, Fl 34698

ARTICLE VII

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is (are):

Bill G.Henson 1249 New York Ave. Dunedin,FI 34698

The undersigned incorporator has executed these Articles of Incorporation this 22 day of April, 1998.

Signature of Incorporator

Bill Glevan Bill G.Henson
Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

98 MAY 18 AM 8: 43

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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:

The HENSON corporation

2. The name and the address of the registered agent and office is:

Bill G. Henson 1249 New York Ave Dunedin, Fl 34698

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)

(Date)