POORANGITULISTE OHIOS

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 00 JAN -7 PM 4: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ASGP INC. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **2** \$78.75 \$70.00 **□** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: GERALO 623 Jamestown Blud APT 2238 ALTAMONTE SPRINGS FL 32714

City, State & Zip

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.	FILE	ΞD
	00 JAN -7	PM 4: 04
ARTICLE I NAME		
The name of the corporation shall be:	SECRETARY TALLAHASSE	UPSTATE SE FLORIDA
AJGP INC.	JALLANASSE	,
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be: 653 James Town BLUD APT 2113		
ALTAMONTE SPRINGE FL 32714		
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstandin	g at any one ti	me is:
100.000 shares.	-	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET A	DDRESS	
The name and Florida street address of the initial registered agent are:		
James Town BLUD APT 2238		
MONTE SPRINGS FL 32714		
ARTICLE V INCORPORATOR		
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:		
0		
GERALD PERSAUD BLUD APT 2238 623 James Town BLUD APT 2238	-	· .
623 James 1000,		-
ALTAMONTE SPRINGS FL 32714		

(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

Signature/Incorporator

-5-00

Date

Date