Department of State

	of Corpor	rations				
P.O. Bo Tallaha	x 6327 ssee, Fl 323	314		~~	00003262	349
SUBJE		GAP RELOCATION, INC. (Proposed corporate name-must include su			-05/22/000 *****78.75	1138001 *****78.75
SODJE	C1					A Company of the Comp
	d is an orig	ginal and one (1) copy of	the articles o	f incorpor	ation and a check	
for: 	\$70.00	X \$78.75	\$78.75	<u></u>	87.50	
Fil	ling Fee	Filing Fee Certificate of Status		ed Copy		
FRON		seph E. Pearson			SECRETA SECRETARIA	FILED 1:19
		Name (Print 1504 Smokethorn Drive	ted or typed)	±- 2 m²		1.19
	F	Add Riverview, Fl 33569	Iress			· · · · · · · · · · · · · · · · · · ·
	_	City, Sta (813) 672-9854	te & Zip	· · · · · · · · · · · · · · · · · · ·		t egen Tito in the

Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles. <u>ARTICLES OF INCORPORATION</u>

OOMAN PILOS

<u>O</u>E

GAP Relocation, Inc.

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:

GAP Relocation, Inc.

ARTICLE II PRINCIPLE OFFICE

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

11504 Smokethorn Drive Riverview, Fl 33569

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gale A. Pearson 11504 Smokethorn Drive Riverview, Fl 33569

ARTICLE V INCORPORATORS

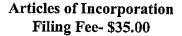
The **name and addresses** of the incorporators to these Articles of Incorporation are:

Gale A. Pearson
Joseph E. Pearson
11504 Smokethorn Drive
Riverview, Fl 33569
Riverview, Fl 33569

The undersigned in	corporator(s) h	as (have) executed the	hese Articles of
	17TH	MAY	
Incorporation this_		day of	, 2000.

Signature 5-17-00

Signature



ODMAY 22 PM 1: 19

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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:

GAP Relocation, INC.

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

Gale A Pearson 11504 Smokethorn Drive Riverview, FI 33569

HAVING BEEN NAMES 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 MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE <u>Jale a. Pearson</u>

DATE 5-17-00