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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	·	LLAHASSEE FLORIDA	FILED 0 JUN 23 AN 8: 46
SUBJECT: AMERICON National Onsite Wiveless INC. (Proposed corporate name - must include suffix)			
	001	0003302 -06/23/000 *****78.75	8101 01064005 ******78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70.00 \$1.75 Filing Fee & Certificate of Status	Filing Fee 1 & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status REQUIRED	
FROM: Teffrey A. R. Name (Pri	nted of typed)		
5519 U.S	Hwy 98 N.		us e
Lakeland, Fl.	33809 tate & Zip	<u> </u>	gen is a. _a .

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

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

American National Onsite Wireless Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5519 U.S. Hwy 98 N. Lakeland, Fl. 33809 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 8 1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Seffrey A. Rodgers 5519 US. Huy 98 N. Lakeland, Fl. 33809	<u> </u>
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Teff very A-Rucker S 5519 US-Huy98 W. Lakeland, Fl. 33809	:
Signature/Incorporator Date	- 4

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

(An additional article must be added if an effective date is requested.)

obligations of my position as registered agent

Signature/Registered Agent

Date