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TRANSMITTAL LETTER

FILED

00 JUN 23 AM 9: 50

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/23/00--01040--015
*****78.75 *****78.75

SUBJECT: AIA Management Services, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: John Chapman
Name (Printed or typed)

201 Escambia Street
Address

St. Augustine, FL 32080
City, State & Zip

904-471-4361
Daytime Telephone number

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

24 6/27/00

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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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

A1A Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

201 Escambia Street, St. Augustine, FL 32080

ARTICLE III SHARES

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

100 (One hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Chapman
201 Escambia Street, St. Augustine, FL 32080

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John Chapman
201 Escambia Street
St. Augustine, FL 32080


Signature/Incorporator

6-21-2000
Date

XX.

(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

6-21-2000
Date