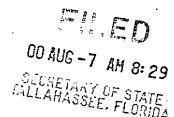
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000003348480--9 -08/08/00--01010--014 *****78.75 *****78.75

SUBJECT: Fetter V + HSSOCiates Inc.

(Proposed corporate name - must include - x)

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

S131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Angela

Name (Printed or typed)

4409 G

Aricinese

EIKton

L 32033

City, State & Zip

904-9

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned in	corporator, for the put	pose of forming a corp	poration under the Florida
Business Corporati	ion Act, hereby adopts	the following Articles	of Incorporation.

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00 AUG -7 AM 8:00
SECRE IS AY OF STATE TALLAHASSEE, FLORIDA

A,	RTI	CL	\boldsymbol{E}	NAME

The name of the corporation shall be:

Fetterly & Associates, Inc.

PRINCIPAL OFFICE

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

4409 Golf Ridge Dr. Elkton, FL. 32033

SHARES

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

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INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Angela Dunn 4409 Golf Ridge Dr. 32033

INCORPORATOR ARTICLE V

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

Maryanna B. Fetterly 439 Kelly Rd. Statesboto, GA. 30461

(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 agen

Signature/Registered Agent