P00000/05767

The Processing Post, Inc. (Proposed corporate name - must include suffix)

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

SUBJECT:

400003458804--2 11/09/00--01061--014 *****78.75 ******78.75

Enclosed is an original a	nd one(1) copy of the artic	cles 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 CO	PY REQUIRED
FROM:	Pleiman & Co.	PA (Printed or typed)	,
_	9471 Baymeado	ows Road Suite 308 Address	DO NOV -9 PM 2: TALLANASSEE TAL
	Jacksonville, C	FL 32256 ity, State & Zip	PM 2: 10 EEFTLORID
-	(904) 448-500 Daytin) 5 ne Telephone number	Þ

9/1/13

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

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

ARTICLE I

The name of the corporation shall be The Processing Post, Inc.



ARTICLE II PRINCIPAL OFFICE

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

10622 Cypresswood Dr. W. Jacksonville, FL 32257

ARTICLE III SHARES

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

One Hundred (100)

1 . , , 1 1 . ks \$2

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Thomas C. Pleiman Jr., CPA

9471 Baymeadows Rd. Ste 308 Jax., FL 32256

INCORPORATOR

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

Pleiman & CO.P.A. 9471 Baymeadows Rd. Suite 308

Jax., FL 32256

Signature/Incorporator

(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 ogen

Signature/Registered