# TRANSMITTAL LETTER

# P01000007421

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

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SUBJECT:	PREVAIL SOL (PROPOSED CORPORA	UTIONS NC.	DE SUFFIX)
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Name (Printed or typed)			
P. O. Box 290735 Address			
PORT ORANGE FC 32129 City, State & Zip			
1107 - 1102 - 1252			

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

Daytime Telephone number

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## **Articles Of Incorporation**

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

#### Article I - Name

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The name of the corporation shall be:

Prevail Solutions, Inc.

#### Article II - Principal Office

The principal place of business of this corporation shall be:

5579 Miles Drive Port Orange, Florida 32127

The principal mailing address of this corporation shall be:

Post Office Box 290735 Daytona Beach, Florida 32129-0735

## Article III - Shares

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

One-thousand (1,000)

## Article IV - Initial Registered Agent And Street Address

The name and address of the initial registered agent is:

Jason P. Rogers 5579 Miles Drive Port Orange, Florida 32127

#### *Article V – Incorporators*

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

Jason P. Rogers 5579 Miles Drive Port Orange, Florida 32127

#### Article VI – Effective Date

The incorporation of this corporation shall become effective January 10, 2001

Signature/Incorporator Date

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 Date