TRANSMITTAL LETTER 100050768 FILED 01 MAY 14 PM 2:10 Department of State Division of Corporations SECRETARY OF STATE ALLAHASSEE, FLORIDA P. O. Box 6327 Tallahassee, FL 32314 **SUBJECT:** (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) 000004215640--6 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **3**\$70.00 **3** \$78.75 \$78.75 **3** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED William E. Allison Name (Printed or typed) FROM: ____ 902 N. Dural Street Address City, State & Zip 32303 (850) 575-4300 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CPS, INC.

<u>ARTICLE II</u> <u>PRINCIPAL OFFICE</u> The principal place of business/mailing address is:

902 N. Dural Street Tailahassee, F1 32303

<u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is:

SPACE PLANNING & CONSulting

ARTICLE IV SHARES The number of shares of stock is:

100 shares @ \$1.00 par

<u>ARTICLE V INITIAL OFFICERS /DIRECTORS (optional)</u> The name(s) and address(es):

William E. Allison 2305 Killearn Blud. Tallahassee, FL 32308

ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:

William E. Allison 902 N. Duval Street Tallahassee, FI 32303 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William E. Allison 2305 Killeary Blvd. Tallahassee, Fl 32308

William E. Allison

William E. Allison stered Agent

<u>5-11-0</u> Date

<u>5-11-01</u> Date

Signature/Incorporator

FILED OI MAY 14 PM 2:11

SECRETARY OF STATE TALLAHASSEE. FLORIDA