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TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

SUBJECT: **THOMAS STALLINGS, INC.**

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF INCORPORATION AND OUR CHECK FOR \$ 70.00.

FROM:

TOM WILLIAMS
1409 KINGSLEY AVE, SUITE 1B
ORANGE PARK, FLORIDA 32073
(904) 278-5566

FILED
01 JUL -9 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. Sumb JUL 12 2001

6
ARTICLES OF INCORPORATION

OF

THOMAS STALLINGS, INC.

01 JUL -9 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: **THOMAS STALLINGS, INC.**

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

9612 NEAL DRIVE
JACKSONVILLE, FL 32257

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS: 1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

THOMAS STALLINGS
9612 NEAL DRIVE
JACKSONVILLE, FL 32257

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

THOMAS STALLINGS
9612 NEAL DRIVE
JACKSONVILLE, FL 32257

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS 5 DAY OF July, 2001.

Thomas Stallings
SIGNATURE

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: **THOMAS STALLINGS, INC.**

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

THOMAS STALLINGS
9612 NEAL DRIVE
JACKSONVILLE, FL 32257

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

Thomas Stallings

DATE

7/5/01

01 JUL -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED