

PO1000081911

TRANSMITTAL LETTER

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

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-08/16/01--01027--006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Boyd Research Services, Inc.  
**(Proposed corporate name - must include suffix)**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

**\$ 78.75**

**Filing Fee & Certificate**

**FROM:** BONNIE A. BOYD

**Name (printed or typed)**

2520 Ohio Place

**Address**

HOLIDAY, FL 34691

**City, State & Zip**

(727)944-3384

**Daytime Telephone Number**

**FILED**

01 AUG 16 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.**

*4  
Dawn  
8/16/01*

FILED

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:**

**Boyd Research Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

2520 Ohio Place  
HOLIDAY, FL 34691

**ARTICLE III SHARES**

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

500

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

BONNIE A. BOYD  
2520 Ohio Place  
HOLIDAY, FL 34691

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

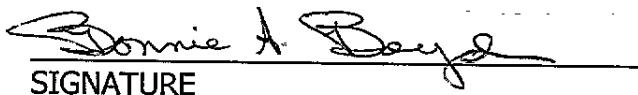
BONNIE A. BOYD  
2520 Ohio Place  
HOLIDAY, FL34691

**ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)**

BONNIE A. BOYD DIRECTOR, PRESIDENT, VP, SEC., TREAS.  
2520 Ohio Place  
HOLIDAY, FL 34691

**The undersigned incorporator(s) has(have) executed these Articles of Incorporation this**

**13th day of August, 2001.**

  
\_\_\_\_\_  
SIGNATURE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 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: Boyd Research Services, Inc.

2. The name and address of the registered agent and office is:

BONNIE A. BOYD  
(Name)

2520 Ohio Place  
(P.O. Box not acceptable)

HOLIDAY, FL 34691  
(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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.

Bonnie A. Boyd  
Signature

8/13/01  
Date