P02000023083 TRANSMITTAL LETTER

Department of State Division of Corporations *****70.00 P.O. Box 6327 Tallahassee, FL 32314 (Proposed corporate name) Enclosed is an original and one (1) copy of the articles of incorporation and a check for FROM: Donna Gilber 727, 823, 3008

03-01-02

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

ARTICLES OF INCORPORATION

AGIO SER

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 | NAME

The name of the corporation shall be:

ADAGIO SERVICES INC

ARTICLE II PRINCIPAL OFFICE

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

1400 Poplar St. NE St. Polersburg, FC 33904

ARTICLE III SHARES

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

5000 Common no parvalue

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Johna Gilbert 1400 Poplar St. NE St. Pelersburg, FL 33704

ARTICLE V INCORPORATOR(S)

| The name(s) and street address(es) of the incorporator(s) to these A tion is(are): | Articles of Incorpora- |
|---|------------------------|
| Johna Gilbert P, 1400 Poplar St NE St. Petersburg FL 33704 | D,T |
| St. Petersburg FL 33704 | C. |
| | |
| The undersigned incorporator(s) has(have) executed these Articles | of incorporation this |
| 10th day of February 198002 | <u>.</u> |
| Roma Hellert Signature | |
| Signatura | |
| Signature | , |

Articles of Incorporation Filing Fee - \$35

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: ADAG10 SERVICES JUC | | | |
|--|---|-------------------|--|--|
| 2. | The name and address of the registered agent and office is: Donna Qilbery ARE E | | | |
| | Donna gilbery AR B SS 25 | - LICHE PURITE | | |
| | 1400 Poplar St.ne | | | |
| | (D.O. POY MOT ACCEPTABLE) | | | |
| | St-Pelusbua FL 33704 | • • | | |
| | (CITY/STATE/ZIP) | • | | |
| 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 | | | | |
| | DATE Z/10/0Z | | | |