POACOO TO

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

SUBJECT:	Pickerina Services PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	a check for :
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
VED AM 9: 43 DE STATE PORATURS PORATURS	P.o. Box 12355	Address 333/7 State & Zip	000054152095 -05/01/0201035006 ******78.75 *****78.75
RECEIVED 02 NAY -1 AM 9 DILPARIMENTOF STA	City, 250 -668 - 1825 Daytime To		2002 MAY - I AM II: 53 SEUNLIANY OF STATE TALLAHASSEE FLORIDA

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

451.102

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof	fit)
ARTICLE I NAME	
The name of the corporation shall be:	
Pickering Services, Inc.	
9	2002 MAY - 1 AM 11:53
ARTICLE II PRINCIPAL OFFICE	SEUNLIARY OF STATE FALLAHASSEE FLORIDA
The principal place of business/mailing address is:	- TE I COMBA
7039 Buck Skin Rd	
Tallahassec F1 32309	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	and the same of th
Public Records research. Dusiness mo	enagement consulting and
seminars	
ARTICLE IV SHARES The number of shares of stock is:	
/OO	
ARTICLE V INITIAL OFFICERS/DIRECTORS (opt	tional)
The name(s), address(es) and title(s):	T. 11.10000 F 32317
The name(s), address(es) and title(s): Timothy E. Pickering President P.O.B Donna R. Pickering, Vice President P.O.B	ox 12358 12.110.40584 75 00017
Donna R. Pickering, Via President P.	o. Box 12355 Idilares
. 5	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Donna R. Pickering	
7039 Buck Skin Rd.	
Tallahassee FL 32309	
ARTICLE VII INCORPORATOR	e ka
The <u>name and address</u> of the Incorporator is:	
Donna R. Pickering P.O. Box 12355	
Tallabasses FL 32317	
101(Ct-asce) ************************************	****
Having been named as registered agent to accept service of process for the air certificate, I am familiar with and accept the appointment as registered agent	hove stated corneration at the place designated in this
Louna C. Vickering	5/1/02
Signature/Registered Agent	- Date
Ma Q Que s	-//-
Signature/Incorporator	5/1/02
	Date