

PD2000049821

TRANSMITTAL LETTER

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

Subject: AFAB Payroll Service Inc.

400005416034--2
-05/01/02--01045--027
*****122.50 *****78.75

Enclosed is an original and one copy of the articles of incorporation and our check for \$122.50.

From:

Julie Mason
3112 Highway 83 N
Defuniak Springs, FL 32433

FILED
02 MAY -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

Of

FILED
02 MAY -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFAB Payroll Service Inc.

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following articles of incorporation.

Article I - Name

The Name of the corporation shall be:

AFAB Payroll Service Inc.

Article II - Principal Office

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

AFAB Payroll Service Inc.
3112 Highway 83 N
Defuniak Springs, FL 32433

Article III - Shares

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

100

Article IV – Registered Agent and Street Address

The name and address of the initial registered agent is:

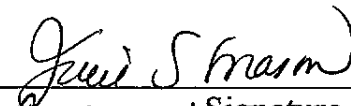
Julie Mason
3112 Highway 83 N
Defuniak Springs, FL 32433


Article V – Incorporators

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

Julie Mason and Gary Mason
3112 Highway 83N
Defuniak Springs, FL 32433

The undersigned incorporator(s) has(have) executed these articles of incorporation this 29th day of April, 2002



Signature


SIGNATURE

Articles of Incorporation Filing Fee- \$35.00

Certificate of Designation
Registered Agent/Registered Office

Pursuant to the provisions of sections 607.0501 of 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:

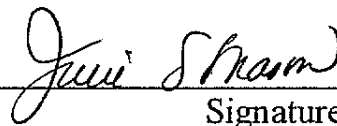
AFAB Payroll Service Inc.

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

Julie Mason
3112 Highway 83 N
Defuniak Springs, FL 32433

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of processing 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 am familiar with and accept the obligations of my position as registered agent.



Signature

DATE: