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# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870

Fax Number : (850)222-1222

# FLORIDA PROFIT CORPORATION OR P.A.

FLYNN TECHNICAL SERVICES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

05/07 '02 10:47 NO.176 02/04

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# ARTICLES OF INCORPORATION

OF

Flynn Technical Services, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is Flynn Technical Services, Inc.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 111 Ocean Terrace, Ormond Beach, FL 32176.

## ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares having a par value of (1.00) per share.

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## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Thomas Flynn, 111 Ocean Terrace, Ormond Beach, FL 32176.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President, Thomas Flynn, Secretary/Treasure, Elizabeth Flynn, 111 Ocean Terrace, Ormond Beach, FL 32176.

The undersigned has executed these Articles of Incorporation this 7th day of May 2002.

"Capital Connection, Inc. by Leilani White, Client Representative"

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## CHRTIPICATE OF DESIGNATION

# REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

| ١.         | The name of<br>Prvices & Sm | the corporation | min: Flynn    | Tecl                                   | micel        |
|------------|-----------------------------|-----------------|---------------|--|--------------|
| <u> </u>   |                             |                 |               |  |              |
| 2.<br>is:_ | The name and<br>Thomas Fly  | d street addres | s of the regi | stered ager                            | t and office |
|            |                             |                 |               | —————————————————————————————————————— |              |

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT BEAVICE 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.

OZ MY -7 MM 9: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THOMAS D FIMAN

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