

POST 000099872

TRANSMITTAL LETTER

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

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-09/13/02--01031--027  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Absolute Marketing Concepts, Inc.  
(PROPOSED CORPORATE NAME MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
ADDITIONAL COPY REQUIRED

FROM: Scott Riches  
Name (Printed or typed)

645 Mayport Rd. Ste. 3D  
Address

Atlantic Beach, FL 32233  
City, State & Zip

407-252-0945  
Daytime Telephone number

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

FILED  
02 SEP 13 PM 6:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1010 SEP 10 2002

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**Articles of Incorporation**

In compliance with Chapter 607 and/or Chapter 621, F.S.(Profit)

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

**Article I Name:**

The name of the Corporation shall be: **Absolute Marketing Concepts, Inc.**

**Article II Principle Office:**

The principle place of business/ mailing address of the Corporation is: **645 Mayport Rd. Ste 3D Atlantic Beach, FL 32233**

**Article III Purpose:**

The purpose for which the corporation is organized is: This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county , territory or nation.

**Article IV Shares:**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000,000 shares of common stock having a par value of \$0.01 per share.

**Article V Initial Officers/Directors:**

This corporation shall have a minimum of one director. The initial Board of Directors shall consist of:

**Scott Riches 541 One Center Blvd #110 Altamonte Springs, FL 32701**

**Article VI Registered Agent:**

The name and Florida street address of the registered agent is:

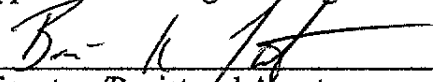
**Brian Tuten 8623 Synhoff Dr. Jacksonville, FL 32216**

**Article VII Incorporator:**

The name and address of the incorporator is:

**Scott Riches 541 One Center Blvd #110 Altamonte Springs, FL 32701**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

9-9-02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-9-02  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
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