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FILED SECKLTARY OF STATE VISION OF CORPORATIONS

LICENSING & CORPORATE DOCUMENTS

FOR

FULL SPECTRUM CONTRACTOR SERVICES, INC.

TRANSMITTAL LETTER

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

	<u>'RACTOR SERVICES, INC.</u> E NAME – <u>MUST INCLUDE SU</u>	FFIX
(Thoroseb continue)	MAME - MOOL MODODD OO	<u>a T II A</u>
•		
inclosed are an original and one (1) copy of th	e articles of incorporation ar	nd a check for:
□ \$70.00 □ \$78.75	\$78.75	□ \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
	,	& Certificate of
	1	Status
	ADDITIONAL CO	DPY REQUIRED
EDOM. Arthur Cono		
FROM: Arthur Capo Name (Pr	inted or typed)	
	and or typou)	
2120 US 1 South, Suite 115		
A	ddress	
St. Augustine FL 32086		
	State & Zip	
,	<u>-</u>	
(904) 794-9293		
	lephone number	
Daytime 10	aphone manifold	

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

ARTICLES OF INCORPORATION

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

04 JAN 27 PM 2: 37

ARTICLE I NAME

The name of the corporation shall be:

FULL SPECTRUM CONTRACTOR SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2120 US 1 South, Suite 115 St Augustine FL 32086

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Organized exclusively for charitable, religious, educational and scientific purposes including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV SHARES

The number of shares of stock is: \$5,000

ARTICLE V___INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addresses) and specific titles(s):

Arthur Capo, President

Jake Quigley, Secretary-Treasurer

2120 US 1 South, Suite 115

2120 US 1 South, Suite 115

St Augustine FL 32086

St Augustine FL 32086

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is: Jake Quigley 2120 US 1 South, Suite 115 St Augustine FL 32086

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Donald J. Segui

2120 US 1 South, Suite 115

St Augustine FL 32086

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