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TRANSMITTAL LETTER

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

SUBJECT:	James A		stallation, Inc	
Englosed are an orig	inal and one (1) copy of the arti		-	
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	James T. Adams Name (Printed or typed)			
26 Pinecrest Drive				
Crawfordville, FL 32327 City, State & Zip				
850 - 421 - 2599 Daytime Telephone number				

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) ARTICLE I NAME The name of the corporation shall be: Adams Installation, ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 26 Pinecrest Drive Crawfordville, FL 32327 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all businessess allowed under the laws of the State of Florida and the United States of America. ARTICLE IV SHARES The number of shares of stock is: 100 Shares of Common Stock ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): James Adams REGISTERED AGENT The name and Florida street address of the registered agent is:

James Adams
alo Pinecrest Drive
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
James Adams
au Pinecrest Drive
Crawfordville, FL 32327

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

2/2/04/ Date

0/0/04/