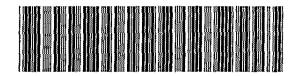
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| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nan | ne)       |
|                         |                   |           |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | Certificates      | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
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# TRANSMITTAL LETTER

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

| SUBJECT: A Mi        | Illion Services, Inc.                        |  |                         |                                       |
|----------------------|--|--|-------------------------|---------------------------------------|
|                      | (PROPOSED CORPORA                            | ATE NAME – <u>MUST INCL</u>                        | UDE SUBFIX)             |                                       |
| Enclosed are an orig | ginal and one (1) copy of the art            | icles of incorporation and                         | l a check for:          | _                                     |
| \$70.00 Filing Fee   | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | & Certificate of Status |                                       |
| FROM: Jo             | on T. Million                                | سبب ع عرب  |                         |                                       |
|                      | Name   | (Printed or typed)                                 | <del></del>             | ,                                     |
| ~                    | 117 McCoy Dr.                                | Address  | <u> </u>                | n Mysms All                           |
| ,                    | Lake Placid, FL 33852                        | , State & Zip                                      | <u> </u>                | · · · · · · · · · · · · · · · · · · · |
|                      | 863-441-3267                                 | Telephone number                                   | <u></u>                 | فلند در چار<br>ماند در چار            |

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

#### ARTICLES OF INCORPORATION

In compliance with Chapter 670 and/or Chapter 621, F.S. (Profit)

## ARTICLE I \_ \_ NAME

. The name of the corporation shall be:

A Million Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Place of business: 117 McCoy Dr.

Lake Placid, FL 33852

Mailing Address: P.O. Box 2

Lake Placid, FL 33862

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate one or more retail stores for the sale and repair of computer and home automation equipment and to engage in any other lawful business for which corporations may be organized in this state.

ARTICLE IV SHARES

The number of shares of stock is:

2,800

ARTICLE V INITIAL OFFICERS

List name(s), address(es), and specific title(s):

Jon T. Million – 117 McCoy Dr., Lake Placid, FL 33852 – President Judith Rice – 1260 Placid Dr., Lake Placid, FL 33852 – Secretary George Million – 221 SE 54<sup>th</sup> Ave., Ocala, FL 34471 – Treasurer

ARTICLE VI REGESTERED AGENT

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

Jon T. Million - 117 McCoy Dr., Lake Placid, FL 33852

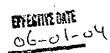
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jon T. Million - 117 McCoy Dr., Lake Placid, FL 33852

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JUNE 1 ARY OF STATE AND A SEEF, FLORIDA



| ARTICLE VIII EFFECTIVE DA The effective date of incorporation shall be   |                         | <u>PORATION</u>                   |             | • .                            |
|--|-------------------------|-----------------------------------|-------------|--------------------------------|
| June 1, 2004   |                         |                                   |             |                                |
|  | = <u>a</u> <del>.</del> | ode a light<br>Andre Till gerig _ |             | ். திக்கிர் " ்ர<br>சி சி க்கி |
| Having been named as registered age<br>stated corporation at the place designa<br>accept the appointment as registered a | ated in this certific   | cate, I am familia                | ar with and | <del>e</del>                   |
| la 7. Minimum de registered s  | agom ama agroo          | 5/3/                              | ,<br>o4     |                                |
| Signature of Registered Agent  |                         | Date                              |             | ,                              |
| <del>-</del>   |                         |                                   |             |                                |
| 127· Mi  |                         | 5/3/<br>Date                      | 04          |                                |