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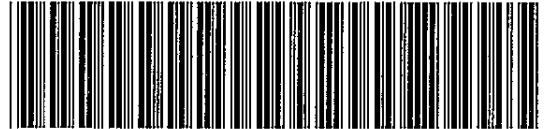
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TALLAHASSEE, FL 32310
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TALLAHASSEE, FL 32310
STATE OF FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ACT Resources, 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: John O. Williams
Name (Printed or typed)
211 E. Virginia St.
Address
Tall. FL 32301
City, State & Zip
850 224 4510
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP -9 AM 10:49

FILED

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

**ARTICLES OF INCORPORATION
OF
ACT RESOURCES, INC.**

The undersigned natural person, of legal age, acting as Incorporator under the provisions of Chapter 607, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I

Name and Address of Corporation

The name of this Corporation shall be **ACT RESOURCES, INC.**, and its principal office address and mailing address shall be 3400 Birchwood Manor, Tallahassee, Florida 32312.

ARTICLE II

Purposes

This Corporation may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III

Stock Clause

The aggregate number of shares of stock which this Corporation shall have authority to issue shall be One Thousand (1,000) shares of common stock, all of one class at One Cent (\$.01) par value per share.

ARTICLE IV

Duration

The Corporation shall have perpetual existence.

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TALLAHASSEE, FLORIDA

ARTICLE V

Initial Registered Office and Agent

The address of this Corporation's initial registered office is 211 East Virginia Street, Tallahassee, Florida 32301, and the name of its initial registered agent at said address is John O. Williams.

ARTICLE VI

Incorporator

The name and address of the Incorporator are as follows:

<u>Name</u>	<u>Address</u>
John O. Williams	211 East Virginia Street Tallahassee, FL 32301

ARTICLE VII

Board of Directors

The business of the Corporation shall be managed initially by a board of one (1) director. The number of directors may be, as provided in the By-Laws, increased or decreased. The name and address of the director constituting the initial board are:

<u>Name</u>	<u>Address</u>
W. John Fabrega	3400 Birchwood Manor Tallahassee, FL 32312

ARTICLE VIII

Effective Date

The date that corporate existence shall begin shall be upon filing by the Secretary of State. This election is pursuant to Chapter 607, Florida Statutes.

ARTICLE IX

Fiscal Year


The accounting period which this Corporation intends to establish as its first fiscal year for federal and state purposes shall be the fiscal year ending on the last day of December, 2004.

ARTICLE X

By-Laws

By-Laws of this Corporation may be adopted, amended, or repealed by either the Board of Directors or by the Stockholders except as otherwise provided in the By-Laws.

IN WITNESS WHEREOF, the undersigned, being the sole Incorporator of this Corporation, executes these Articles of Incorporation and certifies to the truth of the facts herein stated in the County of Leon, State of Florida, this 9th day of September, 2004.



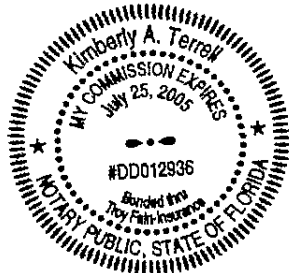
John O. Williams

State of Florida
County of Leon

The foregoing Articles of Incorporation of **ACT RESOURCES, INC.**, was acknowledged before me this 9 day of September, 2004, by John O. Williams, who is personally known to me OR who presented _____ as photographic identification.



Notary Public




**CERTIFICATE OF ACCEPTANCE
OF REGISTERED AGENT/OFFICE**

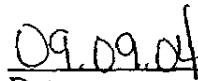
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION, ACT RESOURCES, INC., AT THE
PLACE DESIGNATED IN THIS CERTIFICATE, I,

John O. Williams
211 East Virginia Street
Tallahassee, Florida 32301

HEREBY ACCEPT THE APPOINTMENT OF 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.



Signature



Date

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TALLAHASSEE, FLORIDA