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## TRANSMITTAL LETTER

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

DELAM PLA 32720

City, State & Zip

396 - 747 - 7901

Daytime Telephone number

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

05 MAY -3 AM 9: (-1	SECRETARY OF JIAIL
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## 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: ABSOLUTE SPECDAL OPS, INC PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 221 W. MICHTGAN AVE DECAND, PLA. 32720 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: FOR PROFIT ARTICLE IV SHARES The number of shares of stock is: 500 @ \$ 1,00 CA INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: TRAVES TAYLOR : 221 W. MICHEGAN AVE DELAND, FLA. 32720 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: TRAVES TAYICAL ZZI W. MECHECAN AVE DECANO, FLA. 32720 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

IRMT DAYLOK
ignature/Incorporator