P05000159473

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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SEUKE LAKY OF STALLAHASSEE, FLORIDA

15 DEC -6 PM 3: 38



COVER LETTER

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

| SUBJECT: | MIC Incorporation | rated TE NAME - <u>MUST INCL</u> | UDE SUFFIX) |
|----------------------|--|--|--|
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | d a check for: |
| S70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | BOD POBOX III | Printed or typed) | ARY UI STATE ASSEE, FLIORIDA |
| | Woodville Fl | 32362 State & Zip | |
| | 950 251 0088 | ? | |

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

Daytime Telephone number

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chap | |
|--|---|
| ARTICLE I NAME | Effective Date of 01/01/0 |
| The name of the corporation shall be: | • |
| - | 20 ford |
| Mobile Installation Co | oceals Tag |
| | reepts Direct |
| The principal place of hydrogram and produced the principal place of hydrogram and hydrogram a | en in |
| The principal place of business/mailing address PO BOX III Wood | ville El 20210 |
| PO 60X 111 6000 | other 1 34064 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is org | |
| Installation of C | Electronic Equipment |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| • | |
| ARTICLE V INITIAL OFFICERS A | |
| List name(s), address(es) and specific title(s) | ALE OS |
| Jack H. Crum | A H T |
| 509 Red Rose Lan | SECNE IAR ALLAHASS |
| Tallahassee F1 3: | |
| | mç z m |
| ARTICLE VI REGISTERED AGE | NT Box NOT acceptable) of the registered agent is $\frac{1}{2}$ |
| The name and Florida street address (P.O. I | NT Box NOT acceptable) of the registered agent is E |
| Jack H. Crum | P |
| 509 Red Rose Lane | |
| Tallahassee F1 323 | koc |
| | ,05 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Jack H. Crura 509 Red Rose Lane | |
| 509 Red Rose Lane | |
| Tallahassee Fl 3230 | 5 |
| Having been named as registered agent to accept serv | ice of process for the above stated corporation at the place designated in this |
| certificate, I am familiar with and accept the appointm | ent as registered agent and agree to act in this capacity |
| Jack H. Crum | 12-6-05 |
| Signature/Registered Agent | Date |
| Jack H. Criss | 12-6-05 |
| Signature/Incorporator | Date |