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COVER LETTER

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

SUBJECT: N.A.C. Connections, 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 \$78.75 **378.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: N.A.C. Connections, Inc. Name (Printed or typed) 4897 Corlett Street Address Tallahassee, FL 32303 City, State & Zip 850-562-9253 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:

N.A.C. Connections, Inc.

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SECRETARY OF STATE
TALLAHASSEE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4897 Corlett St. Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all lawful business allowable in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Neila Connors - President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Neila Connors 3617 Westmoreland Dr. Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Neila Connors

3617 Westmoreland Dr.

Tallahassee, FL 32303

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

Signature/Incorporator

Date

Date

Date