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FLORIDA PROFIT/NON PROFIT CORPORATION

National Project Services Inc.

Certificate of Status	1
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

National Project Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

National Project Services Inc. 495 S.E. 44th Street Keystone Heights, FL 32656

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Todd Rist 495 S.E. 44th Street Keystone Heights, FL 32656

Prepared By:
Bruce B. Hubbard
77 East John St.
Hickeville, New York 11801
1-518-935-3940

SECRETARY OF ST

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Todd Michael Rist - President/Director 495 S.E. 44th Street Keystone Heights, FL 32656

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Todd Michael Rist 495 S.E. 44th Street Keystone Heights, FL 32656

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

<u>13th</u> day of <u>July</u> 2009.

Todd Michael Rist - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation	is: National Project Services Inc.	2009 SEC
2. The name and address of the reg	ristered agent and office is:	JUL 14 RETARY OF AHASSEE,
	Todd Rist	STA FLOR
	Name	4: 23 TATE ORIDA
	495 S.E. 44th Street	ω.
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Keystone Heights, FL 32656	
	(City / State / Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Todd Rist SIGNATURE July 13, 2009

(Date)