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TRANSMITTAL LETTER

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

SUBJECT: Hubbard, Adams + Associates, luc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$78.75

OPTIONAL:

Certificate of Status

\$ 8.75

FROM: Sylvia H. Adams

Name (printed or typed)

2019 Herb Court

Address

Tallahassee FL 32312

City, State & Zip

850/893-8610

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned,	SYLVIA H ADAMS (Name)	, PRESIDENT	,	
	(Name)	(Title)		
of HUBBARD,	ADAMS + ASSOCIATES, 1, (Corporation Name)	NC. a fore	eign corporation,	
	s. 607.1801, Florida Statutes, does		•	
1. The date on whi	ch corporation was first formed w	as September 2		
	where the above named corporation	on was first formed, incorpora-	ted, or otherwise	
_	was <u>LLINOIS</u>		•	
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication				
	tro, Adams + Assoc		•	
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to				
s. 607.0202 and 607.0401 with this certificate is HUBBARD, ADAMS +				
ASSOCI	ATES, INC,		•	
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was				
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.				
I am PRESIDENT, OF HUBBARD, ADAKS + ASSOCIATES, INC.				
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done				
so this the 2/5t da	y of NOVEMBER	,	2008.	
	Selvia H. alams			
	(Authorized S	ignature)		
	Filing F Certificate of Domestication Articles of Incorporation and Co Total to domesticate and file	\$50.00	APPHOVEU AND FILED **09 OCT -2 PM 1: SECRETARY OF STAIL	
INHS53 (6/04)			≥ [∞] 8	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

HUBBARD, ADAMS + ASSOCIATES, INC.

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ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

2019 HERB COURT TALLAHASSEE, FL 32312

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Resell accounting software and provide all related consulting services including: software installation, training, customization and software support.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: SYLVIA H. ADAMS, PRESIDENT 2019 HERB COURT TALLAHASSEE, FL 32312

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

SYLVIA H. ADAMS, PRESIDENT 2019 HERB COURT

TALLA HASSEE, FL 32312

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

SYLVIA H. ADAMS 2019 HERB COURT

TALLAHASSEE, FL 32312

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

10/1/2009 Date 10/1/2009