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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

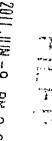
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COVER LETTER

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

SUBJECT: Precision Signal Engineering Services, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Russell D. Turner Name (Printed or typed) 665 Remington Forest Drive Address St. Johns, FL 3225 City, State & Zip 904-687-3260 Daytime Telephone number

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

russandjulie@rocketmail.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ADTICIE: II I	PRINCIPAL OFFICE		
ARTICLE II	Principal street address	Mailing ad	ldress, if different is:
66	5 Remington Forest Drive		al street address
	Johns, FL 32259	Carrie us princip	ALCHUOT MADI DOD
	MMIIIIII II III MARKANIA		
ARTICLE III P	TIPPOSE		
	ich the corporation is organized is:		
	gineering services to any and all i	industries as allowed by	law.
ARTICLE IV S	SHARES		
The number of share	s of stock is: 100		
ARTICLE V	NITIAL OFFICERS AND/OR DIRECT	TORS	
	e:Russell D. Turner, President		
Address:	665 Remington Forest Drive	Address:	
	St. Johns, FL 32259		
			·
	e:		
Address:		Address:	
	-		
	e:		
Address:			
			
			
	REGISTERED AGENT	-> - 641	<u> </u>
Name:	da street address (P.O. Box NOT acceptable Russell D. Turner	e) of the registered agent is:	
Address:	665 Reminaton Forest Drive		
	St. Johns, FL 32259		
	•		
	NCORPORATOR		Mo -o T
	ess of the Incorporator is:		The state of the s
Name:	Chuck Ragland, CPA 1637 Race Track Road, Suite 2	225	5 %
A darece:	St. Johns FL 32259	. 	. ω
Address:	- Marie Mari		9 " O
Address:		ocess for the above stated corpo	
Having b ee y named	l as registered agent to accept service of pro		
Having b ee y named	l as registered agent to accept service of pro familiar with and accept the appointment as		ct in this capacity
Having b ee y named			ct in this capacity
Having b ee y named	familiar with and accept the appointment as		ct in this capacity 6/7/2011
Having b ee y named			tin this capacity Lo/7/2015 Date

Required Signature/Incorporator