Electronic Articles of Incorporation For

P16000089044 FILED November 03, 2016 Sec. Of State vherring

CERTIFIED SERVICE CENTER, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is: CERTIFIED SERVICE CENTER, INC.

Article II

The principal place of business address:

S. DALE LESLIE DRIVE LEE, FL. US 32059

The mailing address of the corporation is:

399 SW BARTOW TRAIL MADISON, FL. US 32340

Article III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is: 1,000

Article V

The name and Florida street address of the registered agent is:

ANN M VICKERS 399 SW BARTOW TRAIL MADISON, FL. 32340

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ANN M. VICKERS

Article VI

The name and address of the incorporator is:

ANN M. VICKERS 66 SEABURY POINT RD

DUXBURY, MA 02332

Electronic Signature of Incorporator: ANN M. VICKERS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P ANN M VICKERS 66 SEABURY POINT RD DUXBURY, MA. 02332 US

Title: VP JENNIFER D HARPER 399 SW BARTOW TRAIL MADISON, FL. 32340 US

Title: VP GREGORY O VICKERS 208 NE ROCKY FORD RD MADISON, FL. 32340 US

Title: VP DOUGLAS J VICKERS 5670 E US HWY 90 LEE, FL. 32059 US

Article VIII

The effective date for this corporation shall be:

01/01/2017

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