

P 17000025821

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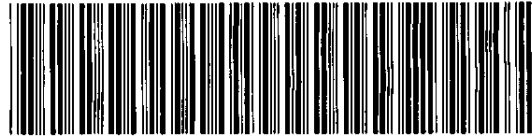
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**DATE:** 3/22/17

**NAME:** TRANSCEND FACILITY SOLUTIONS INC.

**TYPE OF FILING:** ARTICLES

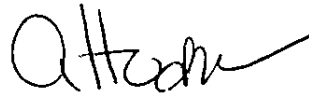
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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

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**ARTICLE VI      REGISTERED AGENT**

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

DUSTY ADINOLFE  
5722 HIGH FLYER ROAD S  
PALM BEACH GARDENS, FLORIDA 33418

**ARTICLE VII      INCORPORATOR**

The name and street address of the incorporator is:

DUSTY ADINOLFE  
5722 HIGH FLYER ROAD S  
PALM BEACH GARDENS, FLORIDA 33418

Dusty Adinolfel  
DUSTY ADINOLFE / Registered Agent

3-21-17  
Date

*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.*

Dusty Adinolfel  
DUSTY ADINOLFE / Incorporator

3-21-17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*