Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 323

Department of State Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions	1.11.15.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	चिके के कि
SUBJECT:	SMC CONTRACT SERVICES (proposed corporate name)		<del></del>
Enclosed please fin above corporation	id an original and one (1) copy of the articles of and check in the amount of \$ <u>70.00</u> .	f incorporation fo	or tho
FROM:	Spencer M. Cason Name  2214 University Boulevard, West Address  Jacksonville, FL 32217 City, State, & Zip  (2041) 396-1071		EL 217 ED
	( 904 ) 396-1071 Telephone Number		<u>교</u>

More. 19/02 30029

Note: Additional copy of articles is needed only when certified copy is requested.

#### ARTICLES OF INCORPORATION

<u>O</u>F

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:

SMC CONTRACT SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

2214 University Boulevard, West Jacksonville, FL 32217

### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Spencer M. Cason 2214 University Boulevard, West Jacksonville, FL 32217

## ARTICLE V INCORPORATOR(S)

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

Spencer M. Cason 2214 University Boulevard, West Jacksonville, FL 32217

The undersigned has(have) ex	ecuted those Art	ticles of Incorporation this
gil day of .	March	, 19 <u>95</u>
	span	Signature/Title
		Signature/Title
	<del></del>	Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501. Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: <u>SMC</u>	Contract Services, Inc.			
2. The name and address of the registe	ored agont and office is:			
Spencer M. Casor (NAME	1			
(NAME	, .			
2214 University (P.O. BOX NOT	Boulevard, West			
Jacksonville, Fl	, d			
(CITY/STATE/ZIP)				
	SIGNATURE (conforate officer)  TITLE PRESIDENT  DATE 3 6 95			
PROCESS FOR THE ABOVE STATED THIS CERTIFICATE, I HEREBY ACCE AND AGREE TO ACT IN THIS CAPAC	ERED AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED IN PT THE APPOINTMENT AS REGISTERED AGENT ITY. I FURTHER AGREE TO COMPLY WITH THE ATING TO THE PROPER AND COMPLETE PERAM FAMILIAR WITH AND ACCEPT THE OBLIGATION AGENT.  SIGNATURE			
	DATE 3/8/95			

REGISTERED AGENT FILING FEE: \$35.00