

P9500053485

TRANSMITTAL LETTER

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

38000000745153
-09/21/93-01007--006
*****70.00 *****70.00

SUBJECT: X - P - DITE SERVICES INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the
articles of incorporation for the above corporation and
check in the amount of \$ 70.00.

FROM:

MYRA O. FRASIER

Name 930 Sam Marco Blvd, Suite 202-A
1506 PRUDENTIAL DRIVE Suite 102
Address

JACKSONVILLE FL 32207
City, State, & Zip

(904) 396-5595
Telephone Number

FILED
53 JUL 12 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~189 542 1071~~

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

~~189 542 1071~~

T. BROWN JUL 1 2 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

September 23, 1993

MYRA O. FRASIER
SUITE 102
1506 PRUDENTIAL DRIVE
JACKSONVILLE, FL 32207

SUBJECT: X - P - DITE SERVICES INC.
Ref. Number: W93000020635

We have received your document for X - P - DITE SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s).

The corporate name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the corporate name distinguishable from the one presently on file. Simply adding "of Florida" or "Florida" to the end of a corporate name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 593A00132612

TRANSMITTAL LETTER

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

SUBJECT: First Coast X - P - DITE SERVICES INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$_____.

FROM: MYRA O. FRASIER
Name
1930 SAN MARCO BLVD., SUITE 202A
Address
JACKSONVILLE, FL. 3220,
City, State, & Zip
(904) 499-0053
Telephone Number

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

ARTICLES OF INCORPORATION

OF

FIRST COAST X - P - DITE SERVICES INC.

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:

FIRST COAST X - P - DITE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

1506 PRUDENTIAL DRIVE, SUITE 102, JACKSONVILLE FL 32207

ARTICLE III CAPITAL STOCK

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

1000 SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

TOM McLEAN
4503 IRVINGTON AVE. #6
JACKSONVILLE, FL. 32210

FILED
95 JUL 12 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

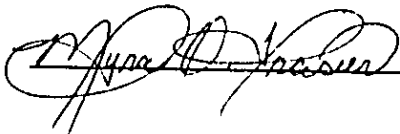
ARTICLE V INCORPORATOR(S).

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

MYRA O. FRASIER
8435 MALAGA AVE
ORANGE PARK, FL. 32073

The undersigned has(have) executed these Articles of Incorporation this

6TH day of JULY, 1995.



PRESIDENT/INCORPORATOR
Signature/Title

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
95 JUL 12 AM 10:06
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State 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: _____

FIRST COAST X - P DITE SERVICES INC.

2. The name and address of the registered agent and office is:

TOM McLEAN

(NAME)

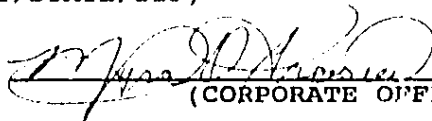
4503 IRVINGTON AVE # 6

(STREET - P.O. BOX NOT ACCEPTABLE)

JACKSONVILLE, FL. 32210

(CITY/STATE/ZIP)

SIGNATURE



(CORPORATE OFFICER)

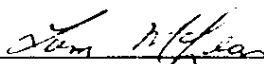
TITLE PRESIDENT

DATE

6th of July 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSTION AS REGISTERED AGENT.

SIGNATURE



DATE

7-6-95

REGISTERED AGENT FILING FEE: \$35.00