P95000065089

TRANSMITTAL LETTER

Dopt of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Subject: American Consolidated Enterprises, Inc.

I enclose an original and _____ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of Φ ______.

From:

D. M. Adams 642 Fort Smith Blvd Deltona Fl 32738-8715 407-860-4120



FMATE WAR

Articles of Incorporation

1. The name of the corporation is:

Amorican Consolidated Enterprises, Inc.

2. The principal place of business and mailing address of the corporation is:

642 Fort Smith Blvd Deltona FL 32738-8715

- 3. The corporation shall have the authority to issue 500 shares of common stock, in one class only, each with a par value of \$1.00.
- 4. The registered agent of the corporation is D. M. Adams and the registered address is $642\ \text{Ft}$ Smith Blvd, Deltona FL 32738-8715.
- 5. The initial Board of Directors shall have one member whose name and address is as follows:
 - D. Mitchell Adams 642 Ft Smith Blvd Deltona FL 32738-8715

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is D. M. Adams whose address is 642 Ft Smith Blvd, Deltona FL 32738-8715.

Dated 8-//45

Incorporator

Certificate of Designation of Registered Agent/Registered Office

Pursuant to the provisions of section 607.0501 or 617.0501, 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.

- The name of the corporation is: American Consolidated Enterprises, Inc.
- 2. The name and address of the registered agent and office is:

D. M. Adams 642 Ft Smith Blvd Deltona FL 32738-8715

Having been named as registerd agent and to accept service of this 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 position as registered agent.

Signature Date Date

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