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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**February 25, 1996**

**SUBJECT: ELS Support Services, Inc.**

400001729764  
-03/01/96--01089--003  
\*\*\*122.50 \*\*\*122.50

**I enclose an original and 1 copy of the Articles of Incorporation  
for the above corporation and a check in the amount of \$122.50.**

**SIGNED:**

Evelyn L. Shipman

**From:**

**Evelyn L. Shipman  
180 Annandale Drive, West  
Jacksonville, Florida 32225  
(904) 221-9703**

3-4-96

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**ARTICLES OF INCORPORATION**

**OF**

**ELS Support Services, Inc.**

SECRET  
JAN 12 1960  
JACKSONVILLE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: ELS Support Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

180 Annandale Drive, West  
Jacksonville, Florida 32225

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 4,000

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Evelyn L. Shipman  
180 Annandale Drive, West  
Jacksonville, Florida 32225

**ARTICLE V INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

Evelyn L. Shipman  
180 Annandale Drive, West  
Jacksonville, Florida 32225

The undersigned has executed these Articles of Incorporation this 25th day of February 1996.

  
\_\_\_\_\_  
Evelyn L. Shipman, Incorporator

**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 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:

**ELS Support Services, Inc.**

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

Evelyn L. Shipman  
180 Annandale Drive, West  
Jacksonville, Florida 32225

Signature: Evelyn L. Shipman

Title: Incorporator

Date: 2/25/96

HAVING BEEN NAMED : REGISTERED AGENT AND TO ACCEPT SERVICE 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 POSITION AS REGISTERED AGENT.

Signature: Evelyn L. Shipman

Date: 2/25/96