# P9600035307

#### TRANSMITTAL LETTER

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

SUBJECT: ADAVANCED CORPORATE ENTERPRISES, INC.

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

SIGNED:

From:

D. M. ADAMS 646 FT SMITH BLVD DELTONA FL 32738 407-860-4120 6 APR 18 PH 3: 35

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#### ARTICLES OF INCORPORATION

OF

ADVANCED CORPORATE ENTERPRISES, INC.

#### ARTICLE I NAME

The name of the corporation shall be: ADVANCED CORPORATE ENTERPRISES, INC.

#### ARTICLE II

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

646 FT SMITH BLVD DELTONA FL 32738

#### ARTICLE III CAPITAL STOCK

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

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

D. M. ADAMS 646 FT SMITH BLVD DELTONA FL 32738

# ARTICLE V INCORPORATOR

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

D. M. ADAMS 646 FT SMITH BLVD DELTONA FL 32738

The undersigned has executed these Articles of Incorporation this 16TH day of APRIL, 1996.

D.M. ADAMS

Incorporator

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## 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:

ADVANCED CORPORATE ENTERPRISES, INC.

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

D. M. ADAMS 646 FT SMITH BLVD DELTONA FL 32738

Title: INCORPORATOR

Date: APRIL 16, 1996

HAVING BEEN NAMED AS 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:

Date