

TRANSMITTAL LETTER

796000097729

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

SUBJECT: SPECIALIZED SOLUTIONS, INC.
(Proposed corporate name - must include suffix)

300002015333--1
-11/27/96--01002--016
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CARRIE CIVATTE
Name (Printed or typed)

13 MARINER DRIVE
Address

TARPON SPRINGS, FL 34689
City, State & Zip

813-942-1660
Daytime Telephone number

FILED
96 NOV 27 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See 12/4

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
96 NOV 27 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SPECIALIZED SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

13 MARINER DRIVE
TARPON SPRINGS, FL 34689

ARTICLE III SHARES

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 STREET ADDRESS

The name and address of the initial registered agent is:

CARRIE CIVATTE
13 MARINER DRIVE
TARPON SPRINGS, FL 34689

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

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

① CARRIE CIVATTE
13 MARINER DRIVE
TARPON SPRINGS, FL 34689

PURPOSE - PRESIDENT
50 SHARES - COMMON STOCK

② JOHN CIVATTE
13 MARINER DRIVE
TARPON SPRINGS, FL 34689

PURPOSE - VICE PRESIDENT
50 SHARES - COMMON STOCK

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

_____ day of _____, 19_____.

(An additional article must be added if an effective date is requested.)

Carrie A. Civatte
Signature

John Civatte
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

FILED
96 NOV 27 AM 9:17
TALLAHASSEE
SECRETARY OF STATE

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: SPECIALIZED SOLUTIONS, INC.

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

CARRIE A. CIVATTE
(NAME)

13 MARINER DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TARPON SPRINGS, FL 34689
(CITY/STATE/ZIP)

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.

Carrie A. Civatto
(SIGNATURE)

11/21/96
(DATE)