# P97000039540

Date Aprèl 28 1997

Secretary of State
Division of Corporations
P. O. Box 6327
Talahassee, FL 32314

400002162254--9 -05/01/97--01089--003 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

RE: EXPERIENCED SERVICES, Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70, \$\infty\$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Kuyx Mocule

Chance water Fl 34630

MAILING ADDRESS OF CORPORATION

Area Code

Number Ext.

P. CHARDON NAY 5 - 1997

## ARTICLES OF INCORPORATION

of (	<u>-</u>			
EXPERIENCED EX	SLICES Inc			
(name of corpora				
The undersigned subscriber(s) to these Articles of Incorporation, a corporation under the laws of the State of Florida.	natural person(s) competent to contra	act, hereby form a		
ARTICLE I - CORPOR	LATE NAME	9		
The name of the corporation is:				
EXPERIENCED SERV	INCES LINC	<u> </u>		
ARTICLE II - DU	RATION			
This corporation shall exist perpetually unless dissolved accord	ling to Florida law.			
ARTICLE III - PU	JRPOSE			
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.				
ARTICLE IV - CAPIT	TAL STOCK			
The corporation is authorized to issue TENThousano	shares (10000) of ONE	<del></del>		
Doilar(s) (\$\sum_{\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot	, which shall be designated *Comm	ion Shares."		
ARTICLE V - INITIAL REGISTERI	ED OFFICE AND AGENT			
The principal office, if known, or the mailing adress of the c	orporation is:			
NAME KERRY Nowlein				
ADDRESS 700 ISland WAY 804				
CMY (1/ EARWATER	FLORIDA	zip 34630		
The name and street address of the Initial Registered Agent	of this Corporation is:			
NAME KERRY Nowlan				
ADDRESS 700 Island Wiy 804				
CITY Clearwater	FLORIDA	218 3463C		
ARTICLE VI - INITIAL BOA	RD OF DIRECTORS			
This corporation shall have Turn (2 ) dir increased or diminished from time to time by the By-Laws, b	ectors initially. The number of directions shall never be less than one (1)	ctors may be either		
addresses of the initial director(s) of the corporation are as	follows:			
NAME KERRY Nowlay				
ADDRESS 700 ISLAND Wee Y 804				
CITY CLEARWATER	STATE	ZIP 34630		
NAME PATRICIA ANN Nowley				
ADDRESS 700 Island und 304				
CITY C'TEGISWATER	STATE	ZIP 34630		
NAME				
ADDRESS				

### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing	g these Articles of Incorporation 2	NO BO TORONS
NAME KERRY Nowlan		
ADDRESS 700 Island WAY 804		enti es
an Clearwater	STATE FL	zip 34630
NAME Pateicia Ann Nowall		
ADDRESS TU ISLAND WAY 804		
ary Clenewalare	STATE -	ZIP 34630
NAME		
ADDRESS		
СПУ	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber day of $\rho_{0}$ , $\rho_{0}$ , $\rho_{0}$ .	Kuyxf Nou	Scal)
STATE OF FLORIDA )		(Seal)
COUNTY OF Pingles		
before me, a Notary Public authorized to take ackno appeared  KERRY GNO PATRICIA		
known to me and known to be the person(s) what acknowledged before me that they execute	ho executed the foregoing Article ed these Articles of Incorporation.	s of Incorporation, and who
IN WITNESS WHEREOF, I have hereunto affixed in day of April , 1997.	tande m	unty aforesaid, this 28 <sup>th</sup>
, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
<u>i</u>	& Commission expires:	

SANDRA IM PISANO
NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPRES JURE 23, 1997
COMM. CCC256567

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT

OF

- EXPERIENCED DEICVICES INC.		_
(name of corporation)		
Pursuant to I in id. Statutes Sections 49.0 II and 607.0501, the following is submitted:  al ve corpored a, desiring to organize under the laws of the State of Herida with  its required office as indicated in the Articles of Incorporation	97 KM 1- MH 9: 14	FILED
11 700 Island way NO 804 COLEARCWATER FL 34630		
Incated at the aforesaid add: . as its Registered Agent to ept service of process with: this state.		

#### ACKIN VLEDGEMENT

Having focus moved as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the edition is of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered ogent)