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LALLASTAS, P. 14 69 in s.

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

SUBJECT:		SPATCH .	
(Proposed corporate name - must include suffix)			clude suffix)
			410000218 -05/21/97- ****131.2
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	Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL	COPY REQUIRED
FROM: _	FROM: CONALD HUMMEL Name (Printed or typed)		
	1220 QUAIL HOllow PLACE		
	VALRICO FL 33594		
City, State & Zip			•
	813-661-1540		
Daytime Telephone number			1

DK 12/97

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

ARTICLES OF INCORPORATION

97 HAY 21 7 11: 29

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE DISPATCH INC.

ARTICLE II PRINCIPAL OFFICE

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

1220 QUAIL HOllow PLACE VALRICO, FL 33594

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RONALD HUMMEL 1220 QUAIL HOLLOW PLACE VALRICO, FL 33594

ARTICLE V INCORPORATOR

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

RONALD HUMMEL 1220 QUAIL HOllow PLACE VALRICO FL 33594

Signature/Incorporator

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

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/Registered Agent

Date