P97000051743

DATE JUNE 7,1997

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



Re: ACKLAM TECHNICAL CONSULTING SERVICES, Inc.
(Name of Corporation)

1 (1011)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

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.

Avia O. Menitt (Individual's Name)

ACKLAM TECHNICAL CONSULTING SERVICES, TAK.

MAILING ADDRESS OF CORPORATION	
5590 WEST OAKLAWN ST.	
HOMOSASSA, FL 34446	
·	
(352) 628 - 7907 Area Code Number Ext.	
Area Code Number Ext.	

ARTICLES OF INCORPORATION

of				
ACKLAM TECHNICAL CONSULTING SERVICES, INC. 2006				
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Aga adopts the following articles of incorporation for such corporation:				
ARTICLE I - CORPORATE NAME The name of the corporation is:				
ACKLAM TECHNICAL CONSULTING SERVICES, INC.				
ARTICLE II - DURATION				
This corporation shall exist perpetually unless dissolved according to Florida law.				
ARTICLE III - PURPOSE				
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 - CAPITAL STOCK The corporation is authorized to issue 1000 shares of common stock, par value \$ 1,00 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:				
STREET ADDRESS				
5590 WEST OAKLAWN STREET				
CITY HOMOSASSA FLORIDA ZIP 34446				
Mailing address, if different				
STREET ADDRESS				
CITY FLORIDA ZIP				
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT				
The street address of the initial registered office and the name of the initial registered agent at the office is:				
NAME C. J. PONDER THE BOOKKEEPER & ASSOCIATES, INC.				
ADDRESS 2667-B.N. FLORIDA AVE (HWY 41)				
CITY HERNANDO FLORIDA ZIP 34442				

	iws, but shall never be less tha	he number of directors may be
NAME LISA A. MERRITT		
ADDRESS 5590 WEST OAKLAWA	J ST.	
CITY HOMOSASSA	STATE FL	ZIP 34446
NAME ALLEN C. KLINE		
ADDRESS 5590 WEST OAKLAWA	J ST.	
CITY HOMOSASSA	STATE FL	ZIP 34416
NAME		
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing these A NAME LISA A. MERRITT	- INCORPORATORS	follows:
ADDRESS 5590 WEST OAKLAWN	ST.	
CITY HOMOSASSA	STATE FL	ZIP 34446
NAME ALLEN C. KLINE		
ADDRESS 5590 WEST OAKLAWA	N ST.	
CITY HOMOSASSA	STATE FL	ZIP 34446
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Anday of	rticles of Incorporation this , 19 <u>97</u>	7+h
_	Sisa a. Mo	(Signature)

(Signature)

Alle Cikke (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



ACKLAM TESTIMICAL CONSULTING SERVICES, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 2667-B N. FLORIDA AVE (HWY 41)

HERNANDO, FL 34442

has named CHARLES J. PONDER

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Markey on con

6/7/97 (Da(e)