P9770000012518

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

90002271939---6 -08/20/97--01023--011 ******70.00 ******70.00

SUBJECT: MALONE'S PROFESSIONAL SERVICES, INC. (Proposed corporate name - must include suffix)							
Enclosed is an	original as	nd onc(1) ∞	py of the article	es of incorporation and a	check for :	-1	
፟፟⊠ \$70. Filing F		□ \$7 Filing & Ce		□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate		
				ADDITIONAL COPY REQUIRED			
FR	OM: _	ALAN P. MALONE Name (Printed or typed)					
5354 EFFIE DR. Address						SEC	4
						RETAR) LAHASSI	HO0 20
	_	APOPKA, FL 32712 City, State & Zip				TARY OF STAT IASSEE, FLORI	50 LU 15.
	_	(407) 884-7291 Daytime Telephone number			RIDA	2	
Dayting receptore names							

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

ne 8/21/97

ARTICLES OF INCORPORATION

FILED 97 AUG 20 PH 12: 01

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MALONE'S PROFESSIONAL SERVICES, INC.

PRINCIPAL OFFICE ARTICLE II

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

5354 EFFIE DR. APOPKA, FL 32712

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:

ALAN P. MALONE 5354 EFFIE DR. APOPKA, FL 32712

INCORPORATOR

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

ALAN P. MALONE 5354 EFFIE DR. APOPKA, FL 32712

Signature/Incorporator

X 8-17-97
Date

(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 positiony as registered agent

Signature/Registered Agent

x 8-17-97