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Requestor's Name		
GO NEW SYSTEM CONTRACTORS		
6808 WAYS 12	GE ST.	
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NEW FILINGS	AMENDMENTS :	Addition — — — — — — — — — — — — — — — — — — —
Profit	Amendment	
		
NonProfit	Resignation of R.A., Officer/ Direct	tor
Limited Liability	Change of Registered Agent	SE SE
Domestication	Dissolution/Withdrawal	CR A
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OTHER FILINGS	REGISTRATION/	PRIOF SI
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Annual Report		17 DA
Fictitious Name	Foreign	
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SECRETARY OF STATE
TALLAHASSEE, FI ORINA

ARTICLE ONE - NAME

THE NAME OF THE CORPORATION SHALL BE: NEW SYSTEM CONTRACTORS, INC.

ARTICLE TWO - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE: 6808 WAYSIDE COURT, TAMPA, FL 33634.

ARTICLE THREE - CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 WITH A PAR VALUE OF \$1.00 PER SHARE.

ARTICLE FOUR - INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:DELORES HUTSON, 6808 WAYSIDE COURT, TAMPA, FL 33634.

ARTICLE FIVE - INCORPORATORS

THE NAME(S) AND ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE): DELORES HUTSON, 6808 WAYSIDE COURT, TAMPA, FL 33634.

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS ! we also

SIGNATURE: SIGNATURE:

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: NEW SYSTEM CONTRACTORS, INC
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: DELORES HUTSON, 6808 WAYSIDE COURT, TAMPA, FL 33634.

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: 1/2

DELORES HUTSON

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DATE:x 8-26-1997

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SECRETARY OF STATE
ALLAMASSEE FLORINA

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