Persasse City/State/Zi	Martle Martle	97 OCT 29 PM 3: 37 SECRETARY OF STATE TALLAHASSEE. FLORIDA Office Use Only
CORPORATION N.	AME(S) & DOCUMENT NU	MBER(S), (if known):
1. Mellen (Corpora 2. (Corpora 3. (Corpora 4.	ation Name) (Internal Association Name) (Internal Association Name)	Document #) Document #)
(Corpora	ation Name) (I	Document #)
☑ Walk in □	Pick up time	Certified Copy
	Will wait Photocopy	
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger	8000023333489 -10/30/9701001001
Annual Report Fictitious Name Name Reservation	REGISTRATION/- QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	P.Hall OCT 2 9 1997

Examiner's Initials

CR2E031(1/95)

ARTICLES OF INCORPORATION

FILED

OCT 29 PM 3: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:	· · ·		
millennium	association	Waxagement,	Sic.

PRINCIPAL OFFICE

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

6206 Hilltop Rd, Pensacola FL 32504

ARTICLE III SHARES

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

atricia Pacitie, 6206 Hillop Rd, Pensacola FL 32504

INCORPORATOR

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

Patricia Pacitté 6206 Hilltop Ra Vensacola

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