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TRANSMITTAL LETTER

(via Courier Service)

Department of State Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 (904) 487-6052

400002344864--6 -11/12/97--01085--005 *****70.00 ******70.00

SUBJECT: Automated Facilities Management, Incorporated

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 70.00

— \$78.75

__ \$122.50 \$131.25

Filing Fee

Filing Fee & Certificate

Filing fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

Additional Copy Required

FROM: <u>Thomas W. Carney</u> Name(printed or typed)

> 8207-52 Sun Spring Circle Address

Orlando, Florida 32825 City, State & Zip

407-658-6531
Daytime Telephone number

97 NOV 12 PN 2:3
SECRETARY OF STATE
VALUE OF STATE

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

gn 11-14-97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Automated Facilities Management, Incorporated.

97 NOV 12 PN 2: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

Automated Facilities Management, Incorporated 8207-52 Sun Spring Circle Orlando, Florida 32825

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Thomas W. Carney 8207-52 Sun Spring Circle Orlando, Florida 32825

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas W. Carney 8207-52 Sun Spring Circle Orlando, Florida 32825

i ne undersigned i	incorporator(s) nas(nave	e) executed	inese Articles	of incorporation	i this
TENTH	-	day of	NOVEM	BER	, 19 <i>97.</i>	
				"		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THELAWS 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: Automated Facilities Management, Incorporated.
- 2. The name and address of the registered agent and office is:

Thomas W. Carney (Name)

8207-52 Sun Spring Circle

Orlando, Florida 32825 (City/State/Zip)

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.

Monso (V. Karvey (Signature)