P970000099177

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

SUBJECT: Dakota Services, Inc.

97 NOV 18 AH 8: 36
SECRETARY OF STATE
AND SEFF. FLORIDA

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: James A. McLeod

Name (Printed or typed)

2662 Noble Drive

Address

Tallahassee, Florida 32312

City, State & Zip

850-386-4730

Daytime Telephone number

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

11/21/97-TM

ARTICLES OF INCORPORATION

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:	200	97	
Dakota Services, Inc.	CRE.	10	-
ARTICLE II PRINCIPAL OFFICE	ASSI	8	100 A
The principal place of business and mailing address of this corporation shall be:	FG		į
2662 Noble Drive	77.5		ź
Tallahassee, Florida 32312	97	رب مثر	

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: James A. McLeod

2662 Noble Drive Tallahassee, Florida 32312

ARTICLE V	INCORPORATOR
-----------	--------------

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

James A. McLeod 2662 Noble Drive

Tallahassee, Florida 32312

Signature/Incorporator 11/14/97
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 position as registered agent.

Signature/ Registered Agent Date