TRANSMITTAL LETTER

FILED

SECRETARY OF STATE

1. VISION OF CCS-OCATION

97 DEC -1, AM 9:30

P97000102865

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

SUBJECT:

8**00002363178--**3 -12/04/97--01081--013 *****132.00

	(Proposed conporate name - mast metode surix)					
•			EFFECTIVE DATE			
Enclosed is an original a	and one(1) copy of the artic	eles of incorporation and a	check for :			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM:	ANTHONY T. N	EWSOM SR.				
FROM.	Name (Print	ed or typed)				
	2892 SPENCER ST.					
Address						
	JACKSONVILLE FLORII	DA, 32254				
	City, \$1a	te & Zip				
	(904) 355		•			
• , ———	Daytime Telep	hone number	• ,			

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

12-8-97

CERTIFICATE OF INCORPORATION

OF

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y vision	ra Of	RY OF CORP	STAT	e Kristi

97 DEC -4 AM 9:30 FIRST. The name of the Corporation is SECOND. Its registered office in the State of Florida is to be located at 2892 in the City of JACKSONV!IIC County of The registered agent in charge thereof is_ T. Nowsam 2892 രംഗവേ THIRD. The nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, in any part of the world, viz: "The purpose of the corporation is to engage in any lawful act or activity for which the corporations may be organized under the general Corporation Law of FIRRER." effective date FOURTH. CAPITALIZATION (Check the appropriate block and complete the capitalization method.) The corporation shall have the authority to issue Shares of Common Stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors. The corporation shall have the authority to issue. Shares of Common Stock, each share to have a Par Value of \$ The shares may be issued upon such terms as the Board of Directors may from time to time authorize. The corporation shall have the authority to issue two classes of stock. The classification and par value of each share of stock shall be as follows: - 77 Shares of Common Stock with Par Value, designated as Class A Common Stock; and Shares of Preferred Stock with a Par Value of each share, designated as Class B Preferred Stock. Said preferred stock may be issued from time to time in one or more classes or series, with such dividend rates, voting rights, rights of conversions, rights upon dissolution or liquidation and with such designations, preferences and relative participation, optional or other special rights or qualitications, limitations or restrictions thereof, as shall be determined by resolution adopted by the Board of Directors at the time such stock is issued. FIFTH. The names and mailing addresses of each of the incorporators are as follows: POST OFFICE ADDRESSES (Address) TACKSONVILLE TYOU (City/State/Zip)

K101-29

(Name)

(Address)

(City/State/Zip)

(Address)

(City/State/Zip)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

ī.	The name of the corporation is:	FOUR A'S INVESTMENTS INC.		··
		2892 SPENCER ST. Jacksonville FL	32254	·
2.	The name and address of the regist	tered agent and office is:		
		• .		
		ANTHONY T. NEWSOM SR.		
		(NAME)		۲.
		•		97
	289	2 SPENCER ST.		3 5
		or Mail Drop Box NOT ACCEPTABLE)		
	JAC	CKSONVILLE, FL. 32254		
		(CITY/STATE/ZIP)		
		•		సా క్రామం
				3 (F)

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.

Anthony of Mendon Pr. JANUARY 1st, 1998
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314