

TRANSMITTAL LETTER

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

100002410491--0 -01/23/98--01088--018 ****122.50 ****122.50

SUBJECT: HILL - SAVAGE & ASSOCIATES, INC. (Proposed corporate name-must include suffix)

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

\$122.50 \$70.00 ___\$78.75 Filing fee Filing fee Filing fee &Certificate &Certified copy Certified copy

__\$131.25 Filing fee, & Certificate

FROM: DARREL WEST
Name (printed or typed)

5460 HOFFNER AUE. STE. 106

RUANDO

407-277-9292

Daytime Telephone number

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

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:

HILL- SAVAGE & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

S460 HOFFNER AVE. STE. 106 ORUANDO, FL. 32812

ARTICLE III SHARES

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

150,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: DARREL WEST

5460 HOFFNER AVE. STE. 106

ORLANDO, FL. 32812

ARTICLE V INCORPORATOR

The name and address of the incorporator to these DARREL WEST

Articles of Incorporation are:

5460 HOFFNER AVE. STE. 106 Er-37815

ORLANDO

Date

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as requisitered agent

Signature/Registeréd Agent