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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: S&N MAIL SERVICE INC.

(Proposed corporate name - must include suffix) ----**400002450804** -03/09/98--01090--019 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **\$131.25** \$70.00 **\$122.50** Filing Fee Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed) 598 RICKER AUF. SANTA ROSA BEACH, FL 32459 City, State & Zip 850-231-5749

MAR - NAM

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

Daytime Telephone number

FILED

ARTICLES OF INCORPORATION

98 MAR -9 AM 10: 02

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SEN MAIL SERVICE, INC.

EFFECTIVE DATE

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 598 RICKER AUE.

SANTA ROSA BEACH

FL 32459

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NANCY J. OLMSTEAD

598 RICKER AUE.

SANTA ROSA BEACH FL

ARTICLE V INCORPORATOR 32459

The name and address of the incorporator to these Articles of Incorporation are: NANCY J. OLMSTEAD

598 RICKER AUE

SANTA ROSA BEACH FL 32459

3/6/98 Date

(An additional article must be added if an effective date is requested.)

EFFECTEDE DATE 5 DAYS PRIOR TO RECEIPT ARTICLE VI

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