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98 APR 16 PH 12: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: Ac	CELERATION UN	orporate name - must include	de suffix)				
Enclosed is an original a	and one(1) copy of the articl	es of incorporation and a	check for : CO \$131.25 RATIO	98 APR 16 P	A M CHIEF	 % + 7	·
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	& Certificate	y			
		ADDITIONAL CO	OPY REQUIRED				
FROM:	William T. O. Name (/SEN Printed or typed)				-	, , ,
_	927 Jessiez 5	Address	· ··			. ·	- ;
· <u>-</u>	TAIIA 4 ASSET FI	7 323/8 7, State & Zip	<u></u> .				#
_	570- 9788 Daytime	Telephone number	NPR 1 6 MAS				

ARTICLES OF INCORPORATION

FILED APR 16 PN 12: 11

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: Acceleration Unlinited Two.

ARTICLE II PRINCIPAL OFFICE

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

4549 Woodville HIGHWAY TAIL FI 32310

ARTICLE III SHARES

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

TWO

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

WILLIAM T. OISEN TA11. F1 32310

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

William T. OLSEN 927 Jessica st TAIL FL. 32310.

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 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

Willin T. Olsm
Signature/Registered Agent

4-- 16-98 Date