

P. O. Box 6327 Tallahassee, FL 32314

CLASS 3 DISTRIBUTORS AND POLICE SUPPLY, INC. (Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee \$78.75

Filing Fee & Certificate \$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

TAMES E. PEARSON
Name (Printed or typed)

PT. 2 BOX 283

//L/LE , FL . 32427 City, State & Zip

850) 954-4587

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

FILED 98 JUN 17 AM 9: 08

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

<u>ART</u>	ICLE I	N.	ME

The name of the corporation shall be:

CLASS 3 DISTRIBUTORS & POUCE SUPPLY, INC.

PRINCIPAL OFFICE

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

RT. 2 BOX 283

CARYVILLE, FL. 32427

ARTICLE III SHARES

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMES E. PEARSON

RR 2 BOX 283

CARYVILLE, FL. 32427

<u>ARTICLE V ÍNCORPORATOR</u>

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

JAMES F PEARSON

PT 2 BOX 283

CARYVILLE, FL. 32427

ignature/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\_\_\_\_

Signature/Registered Agent

6.16.98