

P98000056105
TRANSMITTAL LETTER

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

500002568125--0
-06/22/98--01093--020
*****78.75 *****78.75

SUBJECT: ATLANTIC OPERATIONS, 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
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: D. S. CONNELL
Name (printed or typed)

8535 Baymeadows Rd. Suite 3
Address

Jacksonville, FL 32256
City, State & Zip

(904) 367-5980
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUN 22 PM 3:20

FILED

TA-6/23/98

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

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98 JUN 22 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ATLANTIC OPERATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

8535 Baymeadows Rd. Suite 3-
Jacksonville, FL. 32256

ARTICLE III SHARES

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

D. S. CONNELL
8535 Baymeadows Rd. Suite 3-
Jacksonville, FL. 32256

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

D. S. CONNELL
8535 Baymeadows Rd. Suite 3-
Jacksonville, FL. 32256

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of June, 1998

D.S. Connell

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The name of the corporation is: ATLANTIC OPERATIONS, INC.

2. The name and address of the registered agent and office is:

D.S. CONNELL

(Name)

8535 Baymeadows Rd. Suite 3

(P.O. Box or Mail Drop Box NOT acceptable)

Jacksonville, FL. 32256

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

D.S. Connell

(Signature)

6-18-98

(Date)