## POSOCIAISITTALETOUSS

.22 M 9:26

=

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

SUBJECT:	Jones Compoter	Solutions In		
:	(Proposed corpo	rate name - must include su	ffix)	
		Ş	900002594 -07/22/98—0 *****78.00	7996 1020001 *****78.00
Enclosed is an original	and one(1) copy of the article	s 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 CO	PY REQUIRED	
FROM:	Larran Jones Name (Pri	inted or typed)		المنافقة الم
_	1788 Kiverbirgh	<u>Hollow</u>		
_	Tallahassee, City, S	Florida 32308 tate & Zip	······································	
	850 - 219-c	ephone number		

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

## ARTICLES OF INCORPORATION

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

NAME

The name of the corporation shall be:

Jones Computer Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

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

2722 Lake Henrietta Street Tallahassee Florida 32310

SHARES

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

100,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Larrow Jones

Tallahassee, of 32308

1768 Riverbach Hollow

INCORPORATOR

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

Larran

TallaLasser, F1 32308

1788 Riverbirch Hollow

(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