P980006700

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

800002600595--5 -07/28/98--01069--007 ****131.25 ****131.25

SUBJECT: A.	D.A. COMPUTER SALES AND (Proposed compo	EQUIPMENT, INC. rate name - must include su	ffix)	_
	(Cropood oospo			
Enclosed is an origina	al and one(1) copy of the articles	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:	KAREN GRIFFIN Name (Pr	inted or typed)		
	113 LINDA ROAD	ddress		986
	City, S	32168 State & Zip	RETARY OF STANSSEE, FLOO	98 JUL 28 PM 3: 52
(904) 428-6230 Daytime Telephone number				52

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SFECTIVE DATE

A.D.A. COMPUTER SALES AND EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

113 LINDA ROAD NEW SMYRNA BEACH, FL 32168

ARTICLE III SHARES

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

100

<u> ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

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

KAREN GRIFFIN 113 LINDA ROAD

NEW SMYRNA BEACH, FL 32168

ARTICLE V INCORPORATOR

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

KAREN GRIFFIN 113 LINDA ROAD NEW SMYRNA BEACH, FL 32168

ARTICLE VI EFFECTIVE DATE

AUGUST 1, 1998

Signature/Incorporator)

KAREN GRIFFIN

Data

(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

KAREN GRIFFIN

PM 3: 52 OF STATE EF, FLORIDA