

P48000073852  
TRANSMITTAL LETTER

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

600002611876--4  
-08/10/98--01084--005  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: ACCURATE Estimating Services, 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: Michael Wesley Milan  
Name (Printed or typed)

4109 NW 88 Ave  
Address

CONAL SPRINGS FLORIDA 33080  
City, State & Zip

954-341-9449  
Daytime Telephone number

Michael GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Name + R/A accept -  
DATE 8-24-98  
DOC. EXAM hmm

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

FILED  
98 AUG 10 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0281-11

**Articles of Incorporation  
of  
Accurate Estimating Services, Inc.**

**I.  
Name**

The name of the Corporation is Accurate Estimating Services, Inc., hereinafter referred to as the "Corporation".

**II.  
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.  
Principal Office and Registered Agent**

The principal office of the Corporation is 4109 N.W. 88th Avenue #103, Coral Springs, Florida 33065. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is Michael Wesley Milan, 4109 N.W. 88th Avenue #103, Coral Springs, Florida 33065.

**IV.  
Duration**

The duration of the Corporation shall be perpetual.

**V.  
Initial Business**

The initial business of the Corporation shall be:

FILED  
98 AUG 10 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**VI.**  
**Capital Stock**

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 10,000, each share to have a par value of \$1.00

**VII.**  
**Incorporators**

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
Michael Wesley Milan	4109 N.W. 88 Avenue #103 Coral Springs, Florida 33065

**VIII.**  
**Directors**

The number of directors constituting the initial Board of Directors of the Corporation is: One. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
Michael Wesley Milan	4109 N.W. 88 Avenue #103 Coral Springs, Florida 33065

**IX.**  
**No Personal Liability**

The private property of the stockholders shall not be subject to the payment of corporate debts.

**X.**  
**Operating Provisions**

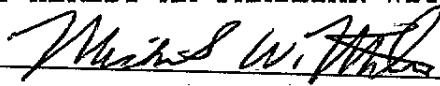
The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

**XI.**  
**Fiscal Year**

The fiscal year of the Corporation shall be from January 1 to December 31 of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 30 day of July, 1998

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES  
AS REGISTERED AGENT.



INCORPORATOR/REGISTERED AGENT

FILED  
98 AUG 10 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Florida

County of Dade

BEFORE ME, the undersigned authority, on this day personally appeared Michael Wesley Milan, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 30<sup>th</sup> day of July, 1998.



Patricia L. Wilson  
Notary Public in and for the  
State of FLORIDA

My Commission Expires:

State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared Michael Wesley Milan, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of \_\_\_\_\_

My Commission Expires: