

TRANSMITTAL LETTER

P98000079271

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

800002633518--4
-09/08/98--01041--015
*****78.75 *****78.75

SUBJECT: Specialized Data 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

FILED
98 SEP -8 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Brian Johnson
Name (Printed or typed)

511 Pennsylvania Ave.
Address

Crystal Beach, FL 34681
City, State & Zip

1-800-206-0556
Daytime Telephone 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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Specialized Data Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

511 Pennsylvania Ave.
Crystal Beach, FL 34681

ARTICLE III SHARES

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

300

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

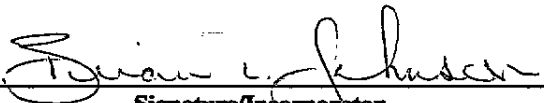
The name and Florida street address of the initial registered agent are:

Brian Johnson
511 Pennsylvania Ave.
Crystal Beach, FL 34681

ARTICLE V INCORPORATOR

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

Brian Johnson
511 Pennsylvania Ave.
Crystal Beach, FL 34681


Signature/Incorporator

9-3-98
Date

(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

9-3-98
Date

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TALLAHASSEE, FLORIDA