TRANSMITTAL LETTER

80036098

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

SUBJECT:	Advanced Protein Sys	stems, Inc.		
	(Proposed corpor al and one(1) copy of the articles	ate name - must include suff	RECEIV 98 OCT -7 P EPARMUNICE AILLANASSE	
STO.00 Filing Fee	⊠ \$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	<u> 1673 West Paul Dir</u> A Tallahassee, Flor:	inted or typed) rac Drive ddress	FILED 98 OCT -7 PM 3: 59 SECRETARY OF STATE TALLAHASSEE, FL ORING	
	<u>850-574-2600</u> Daytime Te	elephone number		
		50	00026585351 -10/08/3801001007 ******78.75 *****78.75	

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

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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.

<u>ARTICLE I</u> NAME

The name of the co				
Advanced	Protein	Systems,	Inc.	

PRINCIPAL OFFICE ARTICLE II

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

1380 Blownstown Highway 20 Tallahassee, Florida 32310

ARTICLE III SHARES

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

500 shares of stock

ARTICLE IV **INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Lawrence L. Carnes, Attorney at Law 1673 West Paul Dirac Drive Tallahassee, Florida 32310

ARTICLE V INCORPORATOR

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

A. Gib Debusk 3583 Doris Drive Tallahassee, Florida 32303



Signature/Incorporator

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(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

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Signature/Registered Agent

Date