P98666691586

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

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SUBJECT:	WELLINGTON SYS	STEMS, INC.		98 98
		rate name - must include su	ffix)	98 DCT 27 AM
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a	check for :	9: 25
\$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:	MICHAEL PINKNEY Name (Printed or typed)			
	2492 STONI	EGĀŢĒ DRIVE		
	A WELLINGTON	ddress		
	City, State & Zip			
	(561) 790-			
	Daytime Te	elephone number		

F. CHESSER 0CT 2 8 1998

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:

WELLINGTON SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2492 STONEGATE DRIVE WELLINGTON, FL 33414

ARTICLE III SHARES

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

100,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL PINKNEY 2492 STONEGATE DRIVE WELLINGTON, FL 33414

ARTICLE V INCORPORATOR

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

MICHAEL PINKNEY 2492 STONEGATE DRIVE WELLINGTON, FL 33414

Signature/Incorporator

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