DOGOOGS43 TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

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

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-01/13/99--01028--013 *****87.50 *****87.50

SUBJECT: ADKIN SONS 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 \$87.50 \$78.75 **□**\$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED JODON ADKINSON Name (Printed or typed) 6119 COY BURGESS LOOP Address DEFUNIAK SPRGS., FL.32433 City, State & Zip (850) 951-0350 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:

Adkin Sons Inc.

<u>A</u>RTICLE II PRINCIPAL OFFICE

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

6119 COY BURGESS LOOP DEFUNIAK SPRINS, FL. 32433

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DON ADKINSON

6419-COY: BURGESS LOOP

DEFUNIAK SPRINGS, FL. 32433

INCORPORATOR

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

JODON ADKINSON 6119 COY BURGESS LOOP DEFUNIAK SPRINGS, FL. 32433

Signature/Incorporator

(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

Kuba

01-11-99