TRANSMITTAL LETTER

P99000028319

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

900002815119---0 -03/23/99--01043--007 *****78.75 *****78.75

SUBJECT: CONCO MANAGEMENT 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

\$131,25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: CONCO MANAGEMENT SERVICES, INC.

Name (Printed or typed)

P. O. Box 3182

182

FILED

SECRETARY OF ST
ALLAHASSEE, FLO

Tallahassee, FL 323 City, State & Zip

(850) 562-8053

Daytime Telephone number

F. CHESSER

MAR 2 9 1999

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:

CONCO MANAGEMENT SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

5001 LAKEFRONT DR I-3

TALLAHASSEE, FL 32303

ARTICLE III SHARES

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

000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

C. D. CONNELL 5001 LAKEFRONT DR I-3

TALLAHASSEE, FL 32303

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Thristan D. CONNELL

5001 LAKEFRONT DR I-3

Tallahassee FL 32303

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

Date