P9900035969

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

				9000028 -04720/9: ******	90100		03
Encl	osed is an origina	al and one(1) copy of the article	es of incorporation and	a check for : —	_ •		
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REOURED			
	FROM:		BE (I K) rinted or typed)	==	SECRETA	99 APR 20	APP
	PH 2: 00	3608 WEST	MORELAND Address EF/ 3	De. = = = = = = = = = = = = = = = = = = =	RY OF STATE SEE, FLORIDA		
PHOME IN	OFPANTEN	300	2-5822				-

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

of 4/20

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:			ataba . ·
mohs Technical Consulting, INC.	<u>-</u>		<u>.</u> · . ———
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:			
3608 WESTMORELAND DR. Tallahassee, Pl 32303	=		
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding a	t any one tin	ne isi ALL	440
(1) one	=	APR 20 SECHETAR	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDR The name and Florida street address of the initial registered agent are: BARBARA BECK	E35	FR PLO	
JEON WESTMORELAND DR. TALLAHASSEE FI 32303 ARTICLE V INCORPORATOR			
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	=		
BARBARA BECK 3608 WESTMORELAND DR Tallahassee, Fl 32303	· 물 - 물		
Tallahassee, Fl 32303	99		-
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	r the above stated corporation at the place designated in
this certificate. I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performan	nce of my duties, and I am familiar with and accept the
obligations of my position as registered agent	——————————————————————————————————————
Barbara Sick	4-20-99
Signature/Registered Agent	Date