TRANSMITTAL LETTER

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

GMS Construction, Inc. **SUBJECT:**

(Proposed corporate name - must include suffix)

1000002847401--04/22/99--01063--010 *****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

Filing Fee & Certified Copy Filing Fee,

\$87.50

Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

J. A. Brown FROM: ____

Name (Printed or typed)

8483 New Kings Road Address

Florida 32219 Jacksonville,

City, State & Zip

904-768-1039

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:

GMS Construction, Inc.

PRINCIPAL OFFICE

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

8483 New Kings Road Jacksonville, FL 32219

Mailing:

Post Office Box 66029 Jacksonville, FL 32208-6029

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 (ten thousand)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jacquelyne A. Brown 8483 New Kings Road Jacksonville, FL 32219

INCORPORATOR

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

Jacquelyne A. Brown 8483 New K‡ngs Road *Y*acksonvil/le FL 3221/9

Signature/Incorporator

April 20 1999

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

Date