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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 99 JUN -8 PM 1:27

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

SUBJECT:	Dow & Associates, In	nc.			
	(Proposed corpo	orate name - must include suf	fix)		<u></u>
		6	00002895 -06/08/99 *****78.75	01051	65 010 **78.75
Enclosed is an origin	nal and one(1) copy of the articl	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		
FROM	Name (Pr	rinted or typed)	APPR AN FIL 99 JUN -8 SECRETARY JALLAHASSEI		
	Address Tallahassee, FL 32308 City, State & Zip		TAHY OF STATE ASSEE, FLORIDA	1-8 PM 1:41	
	(850) 893-6231 Daytime Te	lephone number		4	ş - 5 -

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:

Dow & Associates, Inc.

PRINCIPAL OFFICE ARTICLE II

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

3421 Mahoney Drive Tallahassee, FL 32308

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William A. Dow, III 3421 Mahoney Drive

ARTICLETO 11ah NCORPORATA 2308

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

William A. Dow, III 3421 Mahoney Drive Tallahassee, FL 32308

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