

999000059010

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

200002916992--5  
-06/28/99--01079--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ATS CONSULTING, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$ 70.00.

FROM:

TOM WILLIAMS  
1409 KINGSLEY AVE, SUITE 1B  
ORANGE PARK, FLORIDA 32073  
(904) 278-5566

FILED  
99 JUN 28 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.B.  
11-28-99  
4

**ARTICLES OF INCORPORATION**

**OF**

**ATS CONSULTING, INC.**

**FILED**  
99 JUN 28 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE: **ATS CONSULTING, INC.**

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

13810 SUTTON PARK DR. NORTH, APT#336  
JACKSONVILLE, FL 32224

**ARTICLE III CAPITAL STOCK**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY TIME IS: 1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

MATT YOUNGBLOOD  
13810 SUTTON PARK DR. NORTH, APT#336  
JACKSONVILLE, FL 32224

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO  
THESE ARTICLES OF INCORPORATION IS (ARE):

MATT YOUNGBLOOD  
13810 SUTTON PARK DR. NORTH, APT#336  
JACKSONVILLE, FL 32224

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE  
ARTICLES OF INCORPORATION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
19\_\_\_\_.

  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS: **ATS CONSULTING, INC.**

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MATT YOUNGBLOOD  
13810 SUTTON PARK DR. NORTH  
JACKSONVILLE, FL 32224

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

*Matt Youngblood*

DATE \_\_\_\_\_

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TALLAHASSEE, FLORIDA