P99900061124

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

Proposed Corpo	orate Name: <u>WAXEFIRE PROFE</u>	SSIONAL SORVICES INC
	original and one copy of the articles and a check or money order for:	of incorporation for the above
		0000029223708
\$70.00 Fi	ling Fee Only	-07/02/9901064020 *****78.75 *****78.75
/_ \$78.75 Fi	ling Fee and Certificate	
\$122.50 F	Filing Fee and Certified Copy of Arti	cles (attach an addtl copy)
\$131.25 F	Filing Fee, Certified Copy, and Certif	icate (attach an addtl copy)
From:	Patrick H. Milholland 8787 Southside Blvd #4817 Jacksonville, FL 32256 (904) 543-9935	X Gatric Shilham Signed

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

1-8,35

ARTICLES OF INCORPORATION

Soll of State of Stat 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

The name of the corporation shall be Wakefire Professional Services Inc.

Article II

The principal place of business shall be <u>Duval</u>, <u>Jacksonville</u>, Florida. The mailing address shall be 8787 Southside Blvd #4817, Jacksonville, FL 32256.

Article III

The corporation is authorized to have 1000 shares of common stock outstanding at any one time.

Article IV

The initial registered agent shall be Patrick H. Milholland, who resides in Duval and whose business address is 8787 Southside Blvd #4817, Jacksonville, FL 32256.

Article V

The effective date of the corporation shall be June 30, 1999.

Incorporator:

artinc.wps 041599

Registered Agent Acceptance

Wakefire Professional Services Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the enclosed certificate, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions if 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

ire

Date

Witness

C-SO

Patrick M. Holland

Printed Name

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AND A SSEE, FLORIDA