TRANSMITTAL LETTER

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

KEN WARD, INC. **SUBJECT:**

(Proposed corporate name - must include suffix)

800002965569 -08/20/99-*-*01065 ****122.50 *****78.7

Enclosed is an original and one(1)	copy of the articles of incorpora	tion and a check for :
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\$70.00 Filing Fee

\$78.75 Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

KENNETH LOYS WARD, PRESIDENT, KEN. WARD, INC. FROM: Name (Printed or typed)

P.O. BOX 6563

Address

TITUSVILLE 32782-6563

City, State & Zip

(407)267-7241

Daytime Telephone number

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

AUG 2 5 1999



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:

KEN WARD, INC.

ARTICLE II PRINCIPAL OFFICE

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

355 PINE ST TITUSVILLE FL 32Z96 P.O. BOX 6563 TITUSVILLE FL 32782-6563

SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KENNETH LOYS WARD 355 PINE ST

TITUSVILLE FL 32796

INCORPORATOR

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

KENNETH L. WARD P.O. BOX 6563

TITUSVILLE FL 32782-6563

ARTICLE VI EFFECTIVE DATE

THE EFFECTIVE DATE OF THIS CORPORATION SHALL BE AUGUST 15, 1999.

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