P99000089455

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 400003007154--8--10/06/99--01044--015 ****122.50 *****78.75

SUBJECT: 5+5 Service Center Incorporated (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for $\frac{122}{50}$.

FROM:

Luanna 5. Sypher

Name (printed or typed)

440 8+6 Ave West

Palmetto-Florida 34221

City, State, & Zip

(941) 722-1055

Telephone Number

Note: Please provide the original and one copy of the Articles.

10-11-55

ARTICLES OF INCORPORATION

of

5+5 Service Center Incorporation

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTI	CLE I - CORPORATE NAME	
The name of the corporation is:		•
5+5 Service C	Enter Incorpor	-ation
	(5 - Corporation)	
A	RTICLE II - DURATION	17.1 18.1 19.0
This corporation shall exist perpetually unless	dissolved according to Florida law.	OCT -6
£	ARTICLE III - PURPOSE	
The corporation is organized for the purpose o United States and the State of Florida.	f engaging in any activities or business p	ermitted under the laws of the
ART The corporation is authorized to issue <u> </u>	TCLE IV - CAPITAL STOCK Shares of common stock, par value \$	§ <u>/, △ ⑦</u> per share.
The street address of the initial principal office		
STREET ADDRESS 440 8th	tre W.	
CITY Palmetto	FLORIDA	ZIP 34221
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP
ARTICLE VI - INIT	TAL REGISTERED OFFICE AND AC	GENT
The street address of the initial registered	office and the name of the initial regi	stered agent at the office is:
NAME Luanna, S. Sy	oher	President
ADDRESS 440 8+4 Avel	3	
CITY Palacetto	FLORIDA	ZIP 3422/

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have		an one (1). The names and
ddresses of the initial director(s) of the corporation are	as follows:	
NAME / NAME S SYNI		President
Action Colb	L)	1 V L Si Citeri V
CITY BOOLS 4997 ST	STATE CO	g ZIP 34210
NAME Care Sucher	7 70784	ce President
ADDRESS 209 45 th St.	W	CE TIESTA EN
CITY K - 1 20 - 20	STATE Flores	Da ZIP 34209
NAME	7 / 0/ 28	7
ADDRESS	- 1	
CITY	STATE	ZIP
	VIII - INCORPORATORS	
The names and addresses of the incorporators signing the		s follows:
3	l .	
NAME / Lanna S. Syl	Ther	President
ADDRESS 4208 99+9 5+	<u> W</u>	
CITY Bradenton	STATE Flored	a ZIP 34210
NAME Greg Sypher		Vice President
ADDRESS 204 45 +5 57	L W	Λ
CITY Bradenton	STATE Floric	ZIP 34209
NAME		-
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the	ese Articles of Incorporation this	s 3rd
lay of October		· · · · · · · · · · · · · · · · · · ·
		/ /
	4 At	Signature)
	W V. 7	,
	- HAYW	(Signature)
		(Cionatura)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

99 OCT -6 AM 11: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

5	+ 5 Sc	ruice	Center	Incor	poration	^
		(name of S - C	fcorporation) proporation		7	, , , ,

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 440	3 8+h A	1 ve	W		
Pal	metto	F)	orida	34221	
has named	,	5,	Syph	eC	
				•	C

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

10/3/99 (Signatur) (Date)