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

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,	oson Consultants, I (Proposed corpor (Proposed corpor	ate name - must include suffix	•	SECRETARIES OF STATES
□ \$70.00	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Chris Harris Name (Pr	inted or typed)	,	
	2598A Pass rd.	ddress		
Biloxi, MS 39531 City, State & Zip				
	(228) 388-6596 Daytime Te	lephone number		

F. CHRESTA OCT 2 1 1999

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:

Gibson Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3842 Swans Landing

Land O Lakes, FL 34639-4455

ARTICLE III SHARES

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

One Thousand

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BARRY R. GIBSON

3842 Swans Landing

Land O Lakes, FL 34639-4455

ARTICLE V INCORPORATOR

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

Chris Harris 2598A Pass Rd. Biloxi, MS 39531

Signature/Incorporator

Sept 29, 1999

(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