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SLUNETAKT UF STATE
TALLAHASSEE, FLORIDA

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

300003044133--8 -11/15/99--01095--005 *****78.75 *****78.75

SUBJECT:	GOVERNMENT MARKET SOLUTIONS, INC.			
	(Proposed corpo	orate name - must include suffi	x)	_
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	1
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		ING inted or typed)		
	1444 DREW STREE	T ddress	<u> </u>	
	CLEARWATER FLORIDA 33755 City, State & Zip			Ē
	727-443-7493	_		

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

Daytime Telephone number

PH 17/17/55

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.

FILED

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ARTICLE I NAME

The name of the corporation shall be:

SLORETARY OF STATE TALLAHASSEE, FLORIDA

GOVERNMENT MARKET SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

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

1444 DREW STREET

CLEARWATER, FL 33755

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

L. W. BRANNING

1444 DREW STREET

CLEARWATER, FL 33755

ARTICLE V INCORPORATOR

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

L. W. BRANNING 1444 DREW STREET CLEARWATER, FL 33755

()

Signature/Incorporator Date

(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 /

Doto /

Date