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Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	itions				
SUBJECT:	A. C. Wade	TNC.  prate name - must include suffix	()		<u></u>
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a c	1000030 -11/29/ ****** heck for :	<b>35441</b> /990100: 37.50 ***	17 1004 ***87.50
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy(2)	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
SE S	Arthur Cur				- : - : .
RECEIVED 99 MOV 24 PH 3: 11 99 MOV 24 PH 3: 11 99 MOV 24 PH 3: 11	GAINES VILLE F	State & Zip		SECHERATION SE	E
	(352)373-7828 Daytime Te	lephone number			

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

LW24

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florid	la
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

A.C.	Wade	INC	•	
ARTICLE II PRII	NCIPAL OFFICE			
The principal place of bu	siness and mailing ad	dress of this	corporation sha	ll be:
4609 NW	6th Street	Suite E	3 <del>4</del>	
GAINES ville	1F/ 32	609		

## ARTICLE III SHARES

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

100 shares

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:  2923 NW 45 AVC Arthur Cortis WADE  GAINESVILLE, F. 32605	SECRETA	29 1101 21
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:	SEE HOAD	F1 2 16
Arthur Curtis Wade 2923 NW 45 Ave GAINES VILLE, Fl. 32605 Authur Co Wode St. 11/16/99	<i>&gt;</i>	
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

Date