Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$87.50 \$78.75 \$70.00 **☑**\\$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

850 - 729 - 2/8/ Daytime Telephone number

11 30.00

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

Then name of the corporation shall be:

Allied Diversified Services, Inc.



ARTICLE II PRINCIPAL OFFICE

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

1950 Bluewater Boulevard Niceville, FL 32578

ARTICLE HISHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one 1,000 time is:

ARTICLE IVINITIAL REGISTERED AGENT AND STREET ADDRE

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

William H. West 104 Baywind Drive Niceville, FL 32578

ARTICLE V INCORPORATIOR

The name and address of the incorporator to these Articles of Incorporation area.

William H. West 104 Baywind Drive Niceville, FL 32578

Signature/Incorporator

<u>ARTICLE VIEFFECTIVE DATE</u>

Effective date of incorporation is:

January 1, 2000

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