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Division of Corporations

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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088 SECRETARY OF CORPORATION OF VISION OF CORPORATION OF CORPORATION

## FLORIDA PROFIT CORPORATION OR P.A.

Lydia Parrott Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

10,17,00 V

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

### Lydia Parrott Inc.

ARTICLE II PRINCIPAL OFFICE

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

Lydia Parrott Inc.

35 Barton Avenue Rockledge, FL 32955

ARTICLE III SHARES

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

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lydia Parroit 35 Barton Avenue Rockledge, FL 32955

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-9940

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PAGE 03 H02000213848

#### ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Lydia Parrott 35 Barton Avenue Rockiedge, FL 32955

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of October 2002.

Lydia Parrott - Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	Lydia Parrott Inc.	
2. The name and address of the regis	stered agent and office is:	01
	Lydia Parrott	<b>82</b>
	Name	DOT SER
	35 Barton Avenue	I SPE
	(P.O. Box or Mail Drop Box NOT Acceptable)	2 PS S
	Rockledge, FL 32955	RATIONS
	(City / State / Zip)	55

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Lydia Parrott
SIGN/TURE

October 10th, 2002

(Date)