

P03000101467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

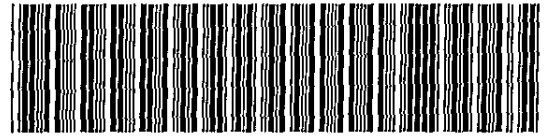
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/11/03--01028--014 **87.50

EFFESTIVE DATE
9-15-03

03 SEP 11 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

9/16

TRANSMITTAL LETTER

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

SUBJECT: Incident Management Team of Florida, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LYNDA MANCE
Name (Printed or typed)

1904 Orange Picker Rd
Address

Jacksonville Florida 32223
City, State & Zip

877 501-8500
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
03 SEP 11 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Incident Management Team of Florida, Inc.

EFFECTIVE DATE
9-15-03

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*1904 Orange Picker Rd.
Jacksonville, Florida 32223*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*For profit corporation which purpose is to provide
Business Related Services*

ARTICLE IV SHARES

The number of shares of stock is:

3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*LYNDA MANCIE, PRESIDENT
1904 Orange Picker Rd
Jacksonville, FL 32223 3083
Director*

*Marilyn Knight, Treasurer
24156 Woodham
Novi, MI 48374-3442
Director*

*Kenneth Wolf
6330 Bloomfield Blvd
West Bloomfield, MI
48320-2513
Director*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*LYNDA MANCIE
1904 Orange Picker Rd
Jacksonville, FL 32223*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*LYNDA MANCIE
1904 Orange Picker Rd
Jacksonville, FL 32223*

*Article VIII Effective Date
September 15, 2003*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]

Signature/Registered Agent

9/8/03

Date

[Signature]

Signature/Incorporator

9/8/03

Date