

N9600000 4476

TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF CORPORATIONS
AUG 28 1996

SUBJECT: Point of Contact Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: JULIA B. Adams
Name (Printed or typed)

10532 AKERS DR. S.
P.O. BOX
Address

JACKSONVILLE, FL. 32225
City, State & Zip

904-642-2451
Daytime Telephone number

AUG 28 1996

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

396A 26676

4476-11302
621-615
S. Adams a name But did
not title Thomas Incorporated



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

May 29, 1986

JULIA B ADAMS
P O BOX 350401
JACKSONVILLE, FL 32225

SUBJECT: POINT OF CONTACT INC.
Ref. Number: W96000011302

RECEIVED
MAY 30 1986
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for POINT OF CONTACT INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

FILED

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Julia B. Adair

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Point of Contact

2. The name and address of the registered agent and office is:

<u>Julia B. Adams</u>	FILED	6-3-94
(Name)		
<u>16532 AKERS DR. S.</u>		
(P.O. Box NOT acceptable)		
<u>JACKSONVILLE, Florida 32225</u>		6-3-94
(City/State/Zip)		

ANTONIO (TED) ALVAREZ
11623 Coastal Ln.
Jv, Fl 32258

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 Julia B. Adams
DATE 6-3-94

antonio alvarez

6-1-94