# P00000059773

PROFESSIONAL BUSINESS SERVICE 104 SW 3RD AVENUE OKEECHOBEE, FL. 34974-4217

Telephone: (863) 763-4591 FAX: (863) 763-6639

June 9, 2000

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

Tallahassee, FL. 32314

Dear Division of Corporations:

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-06/14/00--01099--003
\*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed please find Articles of Incorporation for MIKE EDWARDS, INC. along with a check in the amount of \$70 for filing fee and designation of registered agent.

Also enclosed is a photocopy of the Articles. Please return this to me with the filing date stamped on it. Thank you.

Lois Gray, Owner

OO JUNITA PK 3: 10

96/20

## ARTICLES OF INCORPORATION

OF

#### MIKE EDWARDS CO., INC.

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

#### ARTICLE I NAME

The name of the corporation shall be: MIKE EDWARDS CO., INC.
The principal place of business of this corporation shall be:

P. O. BOX 87 INDIANTOWN, FL. 34956-0087

# ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all faw c ful activities or business permitted under the laws of the United States, the State of Florida, country, territory, or nation.

#### ARTICLE III CAPITOL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 shares with a par value of \$1.

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS-DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

President & Vice-President:

Mike Edwards Street

P. O. Box 87

Indiantown, FL. 34956-0087

Secretary-Treasurer:

Alice Edwards P. O. Box 87

Indiantown, FL. 34956-0087

#### ARTICLE VI INCORPORATORS

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

Mike Edwards P. O. Box 87 Indiantown, FL. 34956-0087

Alice Edwards
P. O. Box 87
Indiantown, FL. 34956-0087

IN WITNESS WHEREOF, the under signed incorporators have executed these Article of Incorporation this \_ g th day une <u>20 م ت</u> Alice Edwards, Incorporator STATE OF FLORIDA COUNTY OF THE FOREGOING instrument was acknowledged and sworn to before me this \_\_day of  $\frac{1}{2}$ Lune MIKE EDWARDS AND ALICE EDWARDS (Names of Incorporators) of MIKE EDWARDS CO. Rita J. Besaw MY COMMISSION # CC632117 EXPIDES

COMMISSION # CC632117 EXPIDENT

COMMISSION # CC632117 EXPI MY COMMISSION # CC632117 EXPIRES July 10, 2001

BONDED THRU TROY FAIN INSURANCE, INC.

## CERTIFICATE DESIGNATING

# REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation is:	<del></del> 5			
MIKE EDWARDS CO., INC.	SECTION SECTION	IF 00		
The name and address of the registered agent office is:	and		67.4 mil	, Car
OLEN EDWARDS	[ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		2 4 2 2 4 2 2 4 3 2 4 3 3 4 4 3 4 4 4	-
2358 NE 96TH AVENUE	Company of the compan	<u></u>	W mar	
(P. O. Box not acceptable)	7	Ü		
OKEECHOBEE, FL. 34972				
(City, State, Zip)		•		
SIGNATURE Clice Edwa (Corporate Office)	w			
(Corporate Office)	=)			
TITLE Sec + Treas				
DATE6 -8-00	···			
	MIKE EDWARDS CO., INC.  The name and address of the registered agent office is:  OLEN EDWARDS  2358 NE 96TH AVENUE  (P. O. Box not acceptable)  OKEECHOBEE, FL. 34972  (City, State, Zip)  SIGNATURE  (Corporate Officer  TITLE  Sec   Tuesa	MIKE EDWARDS CO., INC.  The name and address of the registered agent and office is:  OLEN EDWARDS  2358 NE 96TH AVENUE  (P. O. Box not acceptable)  OKEECHOBEE, FL. 34972  (City, State, Zip)  SIGNATURE  COrporate Officer)  TITLE  See A Lucar	MIKE EDWARDS CO., INC.  The name and address of the registered agent and office is:  OLEN EDWARDS  2358 NE 96TH AVENUE  (P. O. Box not acceptable)  OKEECHOBEE, FL. 34972  (City, State, Zip)  SIGNATURE  (Corporate Officer)  TITLE  Sec + Lucar	MIKE EDWARDS CO., INC.  The name and address of the registered agent and office is:  OLEN EDWARDS  2358 NE 96TH AVENUE  (P. O. Box not acceptable)  OKEECHOBEE, FL. 34972  (City, State, Zip)  SIGNATURE  COrporate Officer)  TITLE  See 4 Luca

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Com Solvous
(Registered Agent)
Date 6/8/00