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TRANSMITTAL LETTER

FILED

01 FEB -5 AM 9: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: A & B LEWIS and ASSOCIATES, 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  
& Certificate

\$78.75  
Filing Fee  
& Certified

\$122.50  
Filing Fee  
Copy

\$131.25  
Filing Fee &  
Certified Copy  
& Certificate

200003633972--7  
-02/05/01--01144--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM: ALONZO LEWIS  
Name (Printed or Typed )

4820 MIRAMAR STREET  
Address

COCOA, FLORIDA 32927  
City, State & Zip

(321) 433-1544  
Daytime Telephone number

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

B2 2/7/01 ✓

ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:*

*A & B LEWIS and ASSOCIATES, INC.*

ARTICLE II  
PRINCIPAL OFFICE

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

*for mailing and business: 4820 Miramar Street  
Cocoa, Florida 32927*

ARTICLE III  
SHARES

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

25,000 Common (Voting)

ARTICLE IV  
INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the registered agent is:*

*Alonzo Lewis  
4820 Miramar Street  
Cocoa, Florida 32927*

Filing Fee: \$ 70.00

ARTICLE V  
INCORPORATOR(S)

*See instructions for officers/directors*

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

*Alonzo Lewis  
4820 Miramar Street  
Cocoa, Florida 32927*

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of December, 2000.*

*Alonzo Lewis*  
\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: A & B LEWIS and ASSOCIATES, INC.  
(must include suffix)

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

ALONZO LEWIS  
(Name)

4820 MIRAMAR STREET  
(P.O. Box or Mail Drop Box NOT Acceptable)

COCOA, FLORIDA 32927  
(City/State/Zip)

*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.*

Alonzo Lewis  
(Signature)

December 1, 2000  
(Date)