No.4534

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A.

Account Number : 119990000058

Phone : (954)753-6042 Fax Number : (954)753-1123

# FLORIDA PROFIT CORPORATION OR P.A.

ALL FLORIDA WILDLIFE, INC.

Certificate of Status	. 1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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No.4534 P. 2/5

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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# ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:
All Florida Wildlife, Inc.

ARTICLE TWO-

### PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

4450 W. Sunrise Blvd. Ste 123 Coral Springs, FL 33065

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H020002086567

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# ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

#### ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Jospeh Felegi
4450 W. Sunrise Blvd. Ste 123

Plantation, FL 33313

## ARTICLE FIVE

#### INCORPORATOR

The name and address of the Incorporator is:

Joseph Felegi
4450 W. Sunrise Blvd. Ste 123
Plantation, FL 33313

#### H020002086567

The undersigned has executed these Articles of Incorporation. This  $7^{\rm th}$  day of October.

Date: 100-101

# CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is:
  All florida Wildlife, Inc.
- 2. The name and address of the registered agent

Joseph Felegi

4450 W. Sunrise Blvd. Ste 123

Plantation, FL 33813.

signature:

Date:

H020002086567

No.4534 P. 5/5

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Date:

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