

# PO40000039282

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**DIXON MANAGEMENT CORPORATION**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
DIXON MANAGEMENT CORPORATION**

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:

**DIXON MANAGEMENT CORPORATION**

The principal place of business of this corporation shall be:

**3103 AVE T FT PIERCE FL 34947**

**ARTICLE II NATURE OF BUSINESS**

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

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

**500 (FIVE HUNDRED)**

**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:     **BOBBY DIXON**  
                  **3103 AVE T**  
                  **FT PIERCE FL 34947**

Vice President: **DIANE SANDERS**  
                      **3103 AVE T**  
                      **FT PIERCE FL 34947**

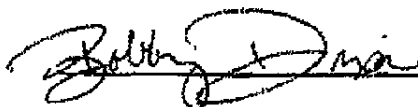
**ARTICLE VI INCORPORATOR(S)**

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

**BOBBY DIXON**  
**3103 AVE T**  
**FT PIERCE FL 34947**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)  
EXECUTED THESE ARTICLES OR INCORPORATION THIS 26<sup>TH</sup> DAY OF  
FEBRUARY 2004.**

**SIGNATURE(S) OF INCORPORATOR(S)**

\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

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:

**DIXON MANAGEMENT CORPORATION**

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

**BOBBY DIXON  
3103 AVE T  
FT PIERCE FL 34947**

SIGNATURE *Bobby Dixon*

DATE 2/28/04

Having been name to accept the 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 all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statues.

SIGNATURE *Bobby Dixon*

DATE 2/28/04

Prepared by:  
Novice's Accounting & Tax Service, Inc.  
805 Virginia Ave Suite 29  
Ft Pierce FL 34982  
(772) 461-5987

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