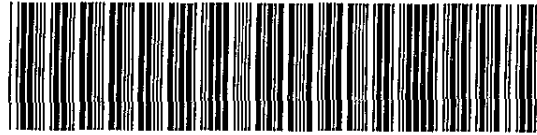


P04000134630



700041346267

09/27/04--01024--007 \*\*78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2004 SEP 27 P 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2004 SEP 27 P 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

9/27/04

# TRANSMITTAL LETTER

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

SUBJECT: **Knox Solutions, Inc.**

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

<u>\$70.00</u>	<u>\$78.75</u>	<u>\$87.50</u>
Filing Fee	Filing Fee & Certificate of Status	Filing Fee, Certified Copy Certificate of Status

FROM: CREDIT UNDERWRITERS, INC.  
15642 LIGHTBLUE CIRCLE  
FT MYERS, FL 33908  
(239) 482-4484

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

**ARTICLES OF INCORPORATION  
OF  
Knox Solutions, Inc.**

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I**

The name of the corporation shall be:

**Knox Solutions, Inc.**

**ARTICLE II-PRINCIPAL OFFICE**

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

**15642 Lightblue Circle  
Fort Myers, FL 33908**

**ARTICLE III-PURPOSE**

The purpose for which the corporation is organized is to engage in, conduct and carry on any and all lawful business and do all things appropriate for rendering the services required in conjunction therewith, or lawfully allowed.

**ARTICLE IV-CAPITAL STOCK**

The aggregate number of shares which this corporation shall have authority to issue is 100 common shares, having a par value of \$1 per share.

**ARTICLE V-INITIAL BOARD OF DIRECTORS**

The corporation shall have 2 director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one. The name and address of the initial director(s) of this corporation are:

**Mrs. Louise E. Knox  
15642 Lightblue Circle  
Fort Myers, FL 33908**

**Mr. Robert A Knox  
15642 Lightblue Circle  
Fort Myers, FL 33908**

**FILED**  
2004 SEP 27 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI-INITIAL REGISTERED AGENT AND ADDRESS**

The street address of the initial registered office of this corporation is: **15642 Lightblue Circle; Fort Myers, FL 33908** and the name of the initial registered agent of this corporation at that address is:

**Mrs. Louise E. Knox**

**ARTICLE VII-INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

**Mrs. Louise E. Knox  
15642 Lightblue Circle  
Fort Myers 33908**

**ARTICLE VIII-DURATION**

The period or duration of this corporation shall be perpetual. Commencing 10/1/2004.

**ARTICLE IX-BY-LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

**ARTICLE X-AMENDMENT**

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

In witness whereof, the undersigned subscriber has executed these Articles of Incorporation on the (9) day of 20 th, 2004.

Mrs. Louise E. Knox  
Mrs. Louise E. Knox

**STATE OF FLORIDA**

**COUNTY OF LEE**

Before me, the undersigned authority, personally appeared Mrs. Louise E. Knox known to me and known to me to be the subscriber in the above cause and acknowledged before me that the facts and matters contained in the foregoing articles of incorporation are true.

Witness my hand and official seal in the county and state last aforesaid this 20<sup>th</sup> day of Sept., 2004.

SEAL: \_\_\_\_\_



Judith A. Nelson  
MY COMMISSION # CC982329 EXPIRES  
December 9, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.

Judith A. Nelson  
NOTARY PUBLIC, STATE OF FLORIDA

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

**PURSUANT TO THE PROVISIONS OF SECTION 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:

Knox Solutions, Inc.

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

Mrs. Louise E. Knox  
15642 Lightblue Circle  
Fort Myers, FL 33908

*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.*

Mrs. Louise E. Knox  
(Signature)

9-20-04  
(Date)

**FILED**  
2004 SEP 21 P 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA