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To:

Division of Corporations

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From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I20000000195 x (850)521-1000 Phone Fax Number : (850)558-1575

FLORIDA PROFIT CORPORATION OR P.A.

BOB STILES & SONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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## **BOB STILES & SONS, INC.**

### ARTICLES OF INCORPORATION

The undersigned, desiring to incorporate a corporation under the provisions of the Florida Business Corporation Act, does hereby certify:

1. The name of the Corporation is:

#### BOR STILES & SONS, INC.

- 2. The principal mailing address of the Corporation is 5440 N. State Road 7, Suite 209, Fort Lauderdale, FL 33319.
- 3. The aggregate number of shares of capital stock which the Corporation shall have the authority to issue is One Thousand (1,000) shares of common stock having a par value of One Dollar (\$1.00) each.
- 4. There shall be no preemptive rights with respect to any shares of stock of the Corporation.
- 5. The initial registered office of the Corporation shall be located at 2999 N.E. 191 St., Fifth Floor, Aventura, FL 33180, and the initial Registered Agent shall be David Vogel.
  - 6. The name and address of the sole incorporator hereof is:

Name

Address

Daron Stiles

5440 N. State Road 7, Suite 209, Fort Lauderdale, FL 33319

7. The initial Board of Directors shall be comprised of Three (3) members. The number of Directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one (1).

The name and address of the initial Directors are:

Name	<u>Address</u>
RobertStiles	5440 N. State Road 7, Suite 209, Fort Lauderdale, FL 33319
Gavin Stiles	5440 N. State Road 7, Suite 209, Fort Lauderdale, FL 33319
Daron Stiles	5440 N. State Road 7, Suite 209, Fort Lauderdale, FL 33319

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PAGE 3/ 4

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- 8. The general nature of the business to be transacted by the Corporation shall be to engage in and to do any lawful act permitted under the laws of the United States of America and of the State of Florida.
  - 9. The term for which the Corporation is to exist is perpetual.
  - 10. The formation of the Corporation shall be effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this <u>27</u> day of April, 2005.

Daron Stiles, Incorporator

STATE OF FLORIDA

): SS

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this  $\frac{27}{100}$  day of April, 2005, by Daron Stiles, who is personally known to me, or has produced pressured.

as identification.

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David M. Vogel

My Commission DO287483

Express Merch 08, 3008

Notary Fublic, State of Florida

FAX:850 558 1515

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# CERTIFICATE OF DESIGNATION 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.

- 1. The name of the corporation is: BOB STILES & SONS, INC.
- 2. The name and address of the registered agent and office is:

DAVID VOGEL
P.O. BOX NOT ACCEPTABLE
5440 N. State Road 7. Suite 209, Fort Landerdale, FL 33319
(CITY/STATE/ZIP)
SIGNATURE COUNTY
(corporate officer) (Incorporator)
TITLE Incorporator
DATE April 17, 2005
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 ALL 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  DATE  DATE

REC

REGISTERED AGENT FILING FEE: \$35.00

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