

PO9000019579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

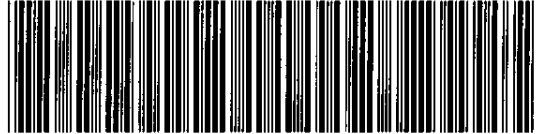
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300144366923

03/02/09--01035--014 \*\*78.75

FILED  
2009 MAR -2 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAR 03 2009



**LAW OFFICES OF  
J. KELLY KENNEDY**

198 1<sup>st</sup> St S  
Winter Haven, FL 33880-3004



**J. KELLY KENNEDY**

Attorney at Law/Certified Public Accountant  
e-mail: kelly@jkklaw.com

**AREAS OF PRACTICE:**

Wills, Estates, Estate Planning,  
Real Property Law, Taxation,  
Corporate, Business and Mortgage Law

**CYNTHIA CROFOOT RIGNANESE**

Attorney at Law  
e-mail: ladylawyer@jkklaw.com

**REPLY TO:**

PO Box 7604, Winter Haven, FL 33883-7604  
Tel: (863) 294-1114 Fax: (863) 294-8937

February 27, 2009

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314-6327

Re: Optimal Products, Inc.

Dear Sirs:

Enclosed herewith for filing are Articles of Incorporation for the above-captioned corporation. A copy of the Articles of Incorporation is also enclosed to be certified and returned to the undersigned.

Also enclosed is my firm's check in the amount of \$78.75 is enclosed to cover the following costs:

Filing Fee	\$ 35.00
Certified Copy	8.75
Registered Agent Form	<u>35.00</u>
Total	\$ 78.75

Please return the certified copy of the Articles of Incorporation to the undersigned attorney, J. Kelly Kennedy.

Thank you for your cooperation in this matter.

Sincerely,

J. KELLY KENNEDY, ESQUIRE

JKK/elh

Enclosures

xc: Mr. Henry C. Morse

G:\EDI\BUSINESS\Corporations\Optimal Products, Inc\Corporation.ltr.wpd

**FILED**  
2009 MAR -2 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
OPTIMAL PRODUCTS, INC.**

**FILED**  
2009 MAR -2 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, competent to contract, hereby forms a corporation for profit under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of the corporation is **OPTIMAL PRODUCTS, INC.** The mailing address is: 6630 Odom Road, Lakeland, Florida 33809.

**ARTICLE II - PURPOSE**

The corporation is organized for the purpose of transacting any or all lawful business.

**ARTICLE III - CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to issue is 7,500 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 6630 Odom Road, Lakeland, Florida 33809, and the name of the initial registered agent of this corporation at that address is **HENRY C. MORSE.**

**ARTICLE V - INITIAL BOARD OF DIRECTORS**

There shall be a Board of Directors for this corporation which shall consist of one Director 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 member of the initial Board of Directors is:

**HENRY C. MORSE  
6630 Odom Road  
Lakeland, Florida 33809**

**ARTICLE VI - SUBSCRIBER**

The name and address of the Subscriber to these Articles of Incorporation is **HENRY C. MORSE**, 6630 Odom Road, Lakeland, Florida 33809.

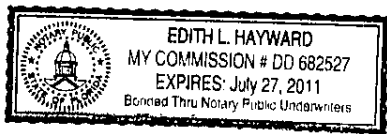
The original Subscriber of this corporation may sell, exchange, assign, or transfer all of the stock subscribed for in these Articles of Incorporation, and deliver these Articles of Incorporation, together with the good will and corporate franchises of this corporation to the transferees or assignees; and in such event, the office and term for each Director designated in this certificate to be held or exercised as originally named shall thereupon expire and a new election shall be called and held by the transferees for the election of new directors to hold office until their successors are elected and qualify thereafter in due course from time to time.

**IN WITNESS WHEREOF**, the subscriber has hereunto set his hand and seal and acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 27TH day of FEBRUARY, 2009.

  
**HENRY C. MORSE**

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing instrument was acknowledged before me this 27TH day of FEBRUARY, 2009, by **HENRY C. MORSE**, who personally appeared before me, who is personally known to me, or has produced FLORIDA DRIVER'S LICENSE as identification.



(AFFIX NOTARY SEAL)

  
Notary Public, State of Florida  
Printed Name: EDITH L. HAYWARD

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said act:

First: That **OPTIMAL PRODUCTS, INC.** desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of Lakeland, County of Polk, State of Florida, has named **HENRY C. MORSE**, located at 6630 Odom Road, Lakeland, Florida 33809, City of Lakeland, County of Polk, State of Florida, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT**

(Must be signed by designated agent)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
**HENRY C. MORSE**  
Registered Agent

2009 MAR -2 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**