

P15000095197

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000282679 3))



H150002826793ABC7

15 NOV 30 PM 1:08

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : DOWNING LAW OFFICES PA
Account Number : 120120000019
Phone : (407)960-5927
Fax Number : (407)960-5929

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: hdowning@haldowninglaw.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
AINOVA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 30 AM 8:59

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: AINOVA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Harold L. Downing
Name (Printed or typed)
501 South New York Avenue, Suite 220
Address
Winter Park, Florida 32789
City, State & Zip
407 960 5927
Daytime Telephone number
hdowning@haldowninglaw.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: AINOVA, INC.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
501 South New York Avenue, Suite 220
Winter Park, Florida 32789

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: all lawful purposes

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Harold L. Downing, P/D</u>	Name and Title:	_____
Address	<u>501 South New York Avenue, Suite 220</u>	Address:	_____
	<u>Winter Park, Florida 32789</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

FILED
2015 NOV 30 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Harold L. Downing

Address: 501 South New York Avenue, Suite 220
Winter Park, Florida 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harold L. Downing

Address: 501 South New York Avenue, Suite 220
Winter Park, Florida 32789

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

<u>Harold L. Downing</u>	November 30, 2015
Required Signature/Registered Agent	Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

<u>Harold L. Downing</u>	November 30, 2015
Required Signature/Incorporator	Date