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Panama City, FL 32402

**P95000001019**

December 29, 1994

Secretary of State  
Corporations Division

300001368743  
-01/04/95--01045--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir/Madam:

Enclosed herewith please find the Articles of Incorporation for Claude H. Mixdorf, Inc., along with my trust account check in the amount of \$70.00 for the incorporation fee. Please note that the Articles of Incorporation provide that the effective date of incorporation is January 1, 1995 at 12:01 a.m.

If you have any questions, please do not hesitate to call or write.

Yours very truly,

*Richard D. Ogburn*  
Richard D. Ogburn

RDO:mpk

**EFFECTIVE DATE**

JAN 1 1995

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN -3 PM 3:24

*SPC*

# EFFECTIVE DATE

JAN 1 1995

## ARTICLES OF INCORPORATION OF CLAUDE H. MIXDORF, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN -3 PM 3:24

### ARTICLE I - NAME

The name of this Corporation is Claude H. Mixdorf, Inc.

### ARTICLE II - DURATION

The Corporation shall have a perpetual existence.

### ARTICLE III - PURPOSE

The Purpose of this Corporation is to engage in any activities or business permitted under the laws of the United States and Florida.

### ARTICLE IV - CAPITAL STOCK

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 100 shares of common stock.

### ARTICLE V - INITIAL REGISTERED

#### OFFICE AND AGENT

The initial principal office of this Corporation shall be 410 Pennsylvania Avenue, Lynn Haven, Florida 32444, and the initial registered agent of this Corporation at such office shall be Claude H. Mixdorf, who upon accepting this designation agrees to comply with the provisions of Section 48.091, Florida Statutes as

amended from time to time, with respect to keeping an office open for service of process.

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two members. The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one nor more than three. The names and addresses of the directors constituting the initial Board of Directors are:

<u>Name</u>	<u>Address</u>
Claude H. Mixdorf	410 Pennsylvania Avenue Lynn Haven, Florida 32444
Patricia Mixdorf	410 Pennsylvania Avenue Lynn Haven, Florida 32444

#### ARTICLE VII - INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is:

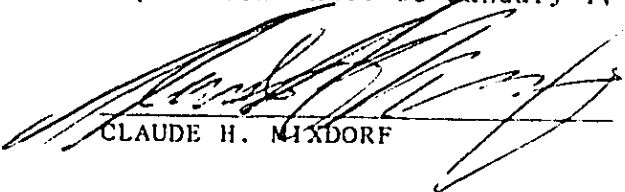
<u>Name</u>	<u>Address</u>
Claude H. Mixdorf	410 Pennsylvania Avenue Panama City, Fl 32444

#### ARTICLE VIII SHAREHOLDERS PREEMPTIVE RIGHTS

There shall be no preemptive rights granted to shareholders.

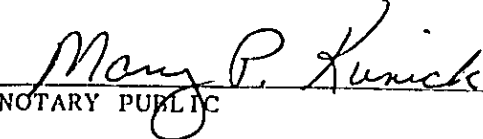
ARTICLE IX EFFECTIVE DATE

The effective date of incorporation shall be January 1, 1995 at 12:01 a.m.

  
CLAUDE H. MIXDORF

STATE OF FLORIDA )  
                          ) SS: 483-26-4473  
COUNTY OF BAY )

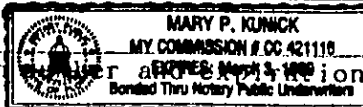
The foregoing Articles of Incorporation of Claude H. Mixdorf, Inc., was acknowledged before me this 29<sup>th</sup> day of December, 1994 by Claude H. Mixdorf, as Incorporator, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

  
NOTARY PUBLIC

MARY P. KUNICK

Print Name

Commission



Signature date

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for Claude H. Mixdorf, Inc., \_\_\_\_\_, at the place designated in the Articles of Incorporation, Claude H. Mixdorf agrees to act in this capacity, agrees to comply with the provisions of Section 48.091 of the Florida Statutes relative to keeping open such office, is familiar with \_\_\_\_\_, and accepts the obligations provided for in Section 607.325 of the Florida Statutes.

Date: 12-29-94

  
CLAUDE H. MIXDORF

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
95 JAN -3 PM 3:24

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 20 AM 11:20

K OK



DOCUMENT # **P95000001019**

1 Corporation Name

**CLAUDE H. MIXDORF, INC.**

Principal Place of Business

**410 PENNSYLVANIA AVE  
LYNN HAVEN FL 32444**

Mailing Address

**410 PENNSYLVANIA AVE  
LYNN HAVEN FL 32444**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, if Applicable

3 New Mailing Office Address, if Applicable

4 Date Incorporated or Qualified  
To Do Business in Florida

**01/01/1985**

Suite, Apt. #, etc

Suite, Apt. #, etc

5 FEI Number

Applied For

City & State

City & State

**59-3287188**

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MIXDORF, CLAUDE H	410 PENNSYLVANIA AVE	LYNN HAVEN FL 32444
D	MIXDORF, PATRICIA	410 PENNSYLVANIA AVE	LYNN HAVEN FL 32444
			400001970184
			10/18/96-0104-013
			10/18/96-0104-013

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MIXDORF, CLAUDE H  
410 PENNSYLVANIA AVE  
LYNN HAVEN FL 32444**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10 I, being appointed the registered agent, of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/18/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

☒ No ☒

(See other side for information  
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Patricia Mixdorf* DIRECTOR

9/18/96 904-265-1696

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR20040 (7/95)