# P95000001220

### TRANSMITTAL LETTER

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

SUBJ	ECT:C.	Bourne Associ	ates, Inc.		
	. (1	Proposed corporate	name - must include su	:3L -01	00001368918 /04/9501059009 **131.25 ****131.25
Enclos	sed is an original	and one (1) cop	by of the articles of	incorporation a	ind a check
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	, जिल्ला
					ECRET PART FI
	FROM:	William C. Bourne		HASSELLAND TARKY	
		Name (printed or typed)		지원 경 <b>그</b>	
		7170 125th Street N.			SIAT TO A
			Address		5: 2
			nole, Fiorida, 346	542	
		C	City, State & Zip		
			) 397-0536 e Telephone number		
		· •	B.R.T. JAN O	6 1995	

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

#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

C. Bourne Associates, Inc.

#### ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

7170 125th Street N. Seminole, Florida 34642

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time:

One (1)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William C. Bourne 7170 125th Street N. Seminole, Florida 34642

#### ARTICLY V INCORPORATOR

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

William C. Bourne 7170 125th Street N. Seminole, Florida 34642

William I. Bowne

## 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: C. Bourne Associates, Inc.	
	Tes: R
2. The name and address of the registered agent and office is:	FIL T
William C, Bourne	11 cm
(Name)	
7170 125th Street N.	_ 35 %
(P.O. Box not acceptable)	_ , 15
Seminole, Florida, 34642	_
(City/State/Zip)	
Having been named as registered agent and to accept service of proce above stated corporation at the place designated in this certificate, I he the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relating to the proper and community manages of my duties, and I am familiar with and accept the obligations of as registered agent.	ss for the reby accept further agree omplete perfor my position
William C. Brusse (Date)	195