

TRANSMITTAL LETTER

P95000001357

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 1 1995

SUBJECT: JOHN V. PAYNE, INC.  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$ 122,50.

RECEIVED  
55 JUN -4 PM 3:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FROM:

JOHN V. PAYNE  
Name (printed or typed)  
P.O. BOX 150451  
Address  
CAPE CORAL, FL 33915  
City, State, & Zip  
(813) 574-7342  
Telephone Number

 1/4/95

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

**ARTICLES OF INCORPORATION**  
**OF**

JOHN V. PAYNE, INC.

95 JAN -4 PM 3:02  
FBI  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be: JOHN V. PAYNE, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

P.O. BOX 15, 15  
CAPE CORAL, FLORIDA 33915

**ARTICLE III SHARES**

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

1000 SHARES @ \$ 1.00 PAR VALUE

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

The name and address of the initial registered agent is:

JOHN V.  
2028 NW 4 TEPRACE  
CAPE CORAL, FLORIDA 33909

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOHN V. PAYNE  
P.O. BOX 150451  
CAPE CORAL, FLORIDA 33909

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of January, 1995.

*John V Payne Sr*

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (F.S. 695.25)**

No. 5181

STATE OF FLORIDA  
COUNTY OF Lee

The foregoing instrument was acknowledged before me this 11/02/95 (Date)

by John V Payne Sr who is personally known to me (Name of person acknowledging)

or who has produced \_\_\_\_\_ (Type of identification)

as identification and who ~~did~~ (did not) take an oath.

*Kay Lynn Williams-Smith* Notary Public, Commission No. \_\_\_\_\_



(Signature)  
Kay Lynn Williams-Smith  
Notary Public, State of Florida  
My Comm. Expires July 16, 1998  
Comm. No. CC 362620 (Name of Notary typed, printed or stamped)

(SEAL ABOVE)

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document

THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document Articles of Incorporation

Number of Pages 2 Date of Document 1-02-95

Signer(s) Other than Named Above None

JOHN V. PAYNE, INC.

ARTICLE VI

THE OFFICERS OF THE CORPORATION SHALL BE:

JOHN V. PAYNE-PRESIDENT, VICE PRESIDENT, AND TREASURER  
LISA WARECKE-SECRETARY

ARTICLE VII

THE PURPOSE OF THE CORPORATION IS FOR THE SALES AND SERVICE  
OF APPLIANCES

ARTICLE VIII

TO THE EXTENT ALLOWED BY LAW, ALL SHAREHOLDERS AND OFFICERS  
HAVE NO PERSONAL LIABILITY IN ASSOCIATION TO THE CORPORATION

ARTICLE IX

IN THE EVENT OF THE DEATH OF JOHN V. PAYNE, TOTAL DISTRIBUTION  
OF THE CORPORATION'S ASSETS, LIABILITIES, STOCK, AND VOTING  
POWER SHALL BE TRANSFERRED TO LEANDRA J. RIGSBY, SURVIVING  
DAUGHTER

# 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: JOHN V. PAYNE, INC.

*John V. Payne Sr*  
\_\_\_\_\_

2. The name and address of the registered agent and office is:

JOHN V. PAYNE  
(Name)

2028 NW 4th TERRACE  
(P.O. Box ~~not~~ acceptable)

CAPE CORAL, FLORIDA 33909

95 JAN -4 PM 3:02  
 FILED  
 TALLAHASSEE, FLORIDA

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by John V. Payne who is personally known to me  
(Name of person acknowledging)

or who has produced \_\_\_\_\_ (Type of identification)

as identification and who ~~did~~ (did not) take an oath.

*Kay Lynn Williams-Smith*  
Notary Public, Commission No \_\_\_\_\_



(Signature)  
Kay Lynn Williams-Smith  
Notary Public, State of Florida  
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THIS CERTIFICATE  
MUST BE ATTACHED  
TO THE DOCUMENT  
DESCRIBED AT RIGHT:

Title or Type of Document Certificate of Designation

Number of Pages 1 Date of Document 1-2-95

Signer(s) Other than Named Above None