

P95000006928

TRANSMITTAL LETTER

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

RECEIVED
JUN 23 11 33 AM '85
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001388172
-01/24/85--01097--007
*****70.00 *****70.00

SUBJECT:

Prosth Alcohol Testers, Inc.

(Proposed corporate name - must include suffix)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Myron C. Wanda

Name (printed or typed)

7186 Lake Marsh Dr

Address

Orlando, FL 32819

City, State & Zip

407 - 363 - 0645

Daytime Telephone number

51 26

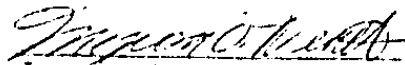
NOTE: Please provide the original and one copy of the articles.

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.

1. The name of the corporation shall be: Breath Alcohol Testers, Inc.
2. The principal place of business and mailing address of the corporation is:
7486 Lake Marsha Dr., Orlando, FL 32819
3. The corporation shall have the authority to issue 200 shares of stock.
4. The initial registered agent of the corporation is Myron O. Wendt and the registered street address is 7486 Lake Marsha Dr., Orlando, FL 32819
5. The initial Board of Directors shall have 1 member whose name and address is as follows: Myron O. Wendt, 7486 Lake Marsha Dr., Orlando, FL 32819
The number of the directors may be raised or lowered by amendment of the bylaws but shall in no case be less than one.
6. The incorporator of this corporation is Myron O. Wendt whose street address is 7486 Lake Marsha Dr., Orlando, FL 32819.

Dated 1-17-79


Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 1-17-79


Registered Agent

P95000006928

OFFICE USE ONLY

800001604838
-10/10/95--01046--019
*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SH NOV 21 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

October 16, 1995

My. Wendt
7486 Lake Marsha Dr.
Orlando, FL 32819

SUBJECT: BREATH ALCOHOL TESTERS, INC.
Ref. Number: P95000006928

We have received your document for BREATH ALCOHOL TESTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the dissolution was adopted by the incorporators, then an incorporator must sign. If Myron Wendt is the incorporator, then list the title of Incorporator along with President under his name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 795A00046527

95 NOV 20 PM 1:51

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation _____

SECOND: The articles of incorporation were filed on _____.

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this _____ day of _____, 19____.

Signature _____

(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

(Typed or printed name)

(Title)

95 NOV 20 PM 1:51