

P95000012940

TRANSMITTAL LETTER

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

RECEIVED 14 FEB 1995  
-02/14/95- 01066-0003  
\*\*\*\*\*70.75 \*\*\*\*\*70.75

SUBJECT: Mindlift, 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:

Charles F. Schwidh

Name (printed or typed)

1222 NE 18th Ave

Address

Fort Lauderdale FL 33304

City, State & Zip

(305) - 463-4551

Daytime Telephone number

FILED  
95 FEB 13 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BROV.N FEB 15 1995

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

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## ARTICLES OF INCORPORATION

*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:

MINDLIFT, Inc

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TALLAHASSEE, FL 32304

### ARTICLE II PRINCIPAL OFFICE

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

1222 NE 18<sup>th</sup> Ave  
Fort Lauderdale, FL 33304

### ARTICLE III SHARES

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

100 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Charles F. Schmidt  
1222 NE 18<sup>th</sup> Ave  
Ft Lauderdale FL 33304

**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: MINDLIFT, Inc

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

Charles F. Schmidt  
(Name)

1222 NE 18<sup>th</sup> Ave  
(P.O. Box ~~not~~ acceptable)

FT Lauderdale FL 33304  
(City/State/Zip)

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*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 I am familiar with and accept the obligations of my position as registered agent.*

Charles F. Schmidt  
(Signature)

2/10/95  
(Date)