CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 3.5 904-222-9171 904-222-0393 FAX DIVISION OF CORPORATION

MAIL TO: P.O. Box 5828 TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE: 545453

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : February 17, 1995

ORDER TIME : 9:59 AM

300001410263

ORDER NO. : 545453

CUSTOMER NO:

8891A

CUSTOMER: Gudrun M. Nickel, Esq

AMATO ANDERSON NICKEL &

WEBER

Suite 200

350 Fifth Avenue S. Naples, FL 33940

DOMESTIC FILING NAME:

IBM OF NAPLES, INC.

KX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

ARTICLES OF INCORPORATION
OF

95 FEB 20 PH 2 12
TALLAHASSEE, FLORIDA

IBM OF NAPLES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

IBM OF NAPLES, INC.

The address of the principal office of this corporation shall be 505 Fifth Avenue South, Suite E, Naples, Florida 33940, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Hans Schache Pres./Treas.

505 Fifth Avenue South, Suite E Naples, Florida 33940

Susanne Schache V.Pres./Sec.

Same

ARTICLE VII. SPECIAL PROVISION

It is the intent of the Incorporator that the corporation will qualify under section 1244 of the Internal Revenue Code and shall take all actions necessary to obtain and maintain its status as an S corporation.

ARTICLE VIII. INCORPORATOR

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

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on February 20, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Kura R. Dunlap

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: XUU R DUNLAP

Its Agent, Laura R. Dunlap

P95000014182 AMATO, ANDERSON, NICKEL, & WEBER, F.A. 182

(**n**)

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LOUIS X, AMATO, P.A.
A. ERIC ANDERSON, P.A.
GUDRUN MARIA NICKEL, P.A.
PATRICK C. WEBER, P.A.
J. GARY SHIRK
DAVID P. WHITING

ROBERT M. ARLEN, OF COUNSEL BOYNTON BEACH, FLORIDA PLEASE REPLY TO:

NAPLES OFFICE SUITE 200 350 FIFTH AVENUE SOUTH NAPLES, FLORIDA 33840 (813) 282-7748 FAX (813) 282-7144

FORT MYERS OFFICE
THE TERRACES
8560-120 COLLEGE PARKWAY
FORT MYERS, FLORIDA 33919-4873
(813) 433-4240
FAX (813) 433-4898

CAPE CORAL OFFICE
BUITE 205
909 S.E. 47TH TERRACE
CAPE CORAL, FLORIDA 33904-9000
[813] 549-3141
FAX (813) 549-0307

20001417462 -02/28/95--01038--008 *****35.00 *****35.00

February 24, 1995

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

RE: IBM OF NAPLES, INC.

Dear Sir/Madam:

Enclosed are the Articles of Incorporation and a Change of Registered Office or Registered Agent for the above-need corporation, (original and one copy) along with our check in the total amount of \$35.00 for filing (certified copy not required). Please return the file-stamped copy of the Articles to this office at your earliest convenience.

Sincerely,

AMATO, ANDERSON, NICKEL & WEBER

Brand

Gudrun M. Nickel

GMN/lrb

Enclosure

RA Chy

•	Curic	
,	Date F	iled
STATEMEN	T OF CHANGE OF REGISTERED	OFFICE
	AND REGISTERED AGENT	
ligned corporation, organized ut	ections 607.0501 and 607.0502, or 607.1508, nder the laws of the State of Florida, submits stered office and registered agent in the State	s the following statement for
1. The name of the corporation	is: 713M OF NAPLES	LNC.
The name and address of its	present registered agent is:	
CORI	PORATION INFORMATION SERVICES, IN 1201 Hays Street Tallahassee, Florida 32301	ic.
0	s to which its registered agent is to be changed (P.O. BOX NOT ACCEPTABLE)	d is:
	WE South # Don	Dr.
NAPLES F	FLENEIDA 33940	
4. The street address of its regingent, as changed, are ident	ristered office and the street address of the bu- tical.	siness office of its registered
5. Such change was authorized the corporation so authorized buden A. Niclel (Typed or primed name and	allanen Signature	allerrey
for Corp 1	nunila f Date 2. 22-9	dent or Vice President)
ABOVE STATED CORPORAT ACCEPT THE APPOINTMENT. THER AGREE TO COMPLY W AND COMPLETE PERFORMA OBLIGATION OF MY POSIT STATUTES. Please Print/Type Name Signature	EGISTERED AGENT AND TO ACCEPT SERVION AT THE PLACE DESIGNATED IN THIS AS REGISTERED AGENT AND AGREE TO ACCOUNT THE PROVISIONS OF ALL STATUTES ANCE OF MY DUTIES, AND I AM FAMILIATION AS REGISTERED AGENT UNDER SERVICE OF AGENT UNDE	IS CERTIFICATE, I HEREBY CT IN THIS CAPACITY, I FUR- RELATIVE TO THE PROPER AR WITH AND ACCEPT THE
Date 2.22-95 (x	Agent)	·
CIS ±97	FILING FEE \$35	

CIS 4.92