

1950000/6133

TRANSMITTAL LETTER

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

000001415710
-02/27/95--01027--002
****122.50 ****122.50

SUBJECT: WebMasters, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 8:32

FROM: William T. Joyner
Name (printed or typed)

114 Meadow Woods Lane
Address

Niceville, Florida 32578
City, State & Zip

(904) 897-6690
Daytime Telephone number

SDC
789
615
671

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

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:

WebMasters, Inc.

ARTICLE II PRINCIPAL OFFICE

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

114 Meadow Woods Lane
Niceville, Fl. 32578

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM T. Joyner
114 Meadow Woods Lane
Niceville, Fl. 32578

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DIVISION OF CORPORATIONS
95 FEB 24 AM 8:32

ARTICLE V INCORPORATOR(S)

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

William T. Joyner 114 Meadow Woods Lane, Niceville, Fl. 32578

Carey S. Hilton 23 Court Drive, Destin, Fl. 32451

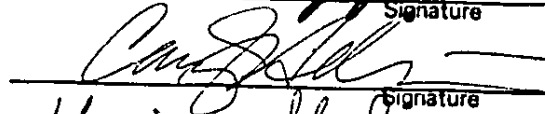
Melissa M Joyner; 114 Meadow Woods Lane, Niceville, Fl. 32578

Vee Ann Hilton; 23 Court Drive, Destin, Fl. 32451

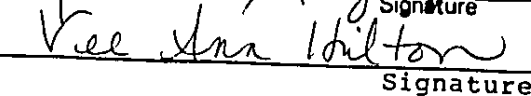
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of FEB, 19 95.


Signature


Signature


Signature


Signature

Articles of Incorporation
Filing Fee - \$35

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: WebMasters, Inc.

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

William T. Joyner
(Name)

114 Meadow Woods Lane
(P.O. Box not acceptable)

Niceville, Fl. 32578
(City/State/Zip)

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.


(Signature)

2/22/95
(Date)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 8:32

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016133

1. Corporation Name
WebMasters, Inc.

Principal Place of Business
185 Stahlman Ave.
Destin, FL 32541

Mailing Address
P. O. Box 1585
Destin, FL 32540

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified
To Do Business in Florida

2/24/95

5. FEI Number
59-3306744

Applied For
Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Walter L. Barton	185 Stahlman Avenue	Destin, FL 32541
D/VP S/T	Stephen D. Greene	185 Stahlman Avenue	Destin, FL 32541
			100002006741--8 -11/18/96--01007--029 *****375.00 *****375.00
			100002006741--8 -11/18/96--01007--030 *****8.75 *****8.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

William T. Joyner
114 Meadow Woods Lane
Niceville, FL 32578

9. Name and Address of New Registered Agent

Name
Raymond F. Newman, Jr.
Street Address (P.O. Box Number is Not Acceptable)
150 Eglin Parkway, N. E.
City, State, Apt. #, Etc.
Ft. Walton Beach FL 32548

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-6-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/96 (904)837-0077
Daytime Phone #