# P95000016335

FILINGS, INC. TERESA ROMAN

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308 (904) 385-6735 OFFICE USE ONLY

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NonProfit	Resignation of R.A., Office	er/Director	
Limited Liability	Change of Registered Ager	nt	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION

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## ARTICLE I - NAME

The name of this corporation is St. James Partners, Inc.

# ARTICLE II - PRINCIPAL OFFICE

The mailing address of this corporation shall be: 101 Main Street
Safety Harbor, Florida 34695

## ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

## ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1,000,000 shares of \$0.001 par value common stock which shall be designated as "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 3732 N.W. 16th Street, Fort Lauderdale, Florida 33311 and the name of the initial registered agent of this corporation at that address is Filings, Inc., a Florida corporation.

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

The Corporation shall initially have one (1) director to hold office until the first annual meeting of stockholders and his successor shall have been duly elected and qualified, or until his earlier resignation, removal from office or death. The number of Directors may be either increased or decreased from time to time in accordance with the By-laws of the Corporation. The name and address of the initial Director is:

Gerald C. Parker Suite 190, 315 East Robinson Street Orlando, Florida 32801

# ARTICLE VII - INCORPORATOR

The name and address of the Incorporator signing these Articles is:

Filings, Inc., a Florida Corporation 3732 N.W. 16th Street Fort Lauderdale, Florida 33311

## ARTICLE VIII - IND' \_ATION

The corporation shall indemnify any Off cer or Director, or any former Officer or Director, to the full extent permitted by law.

### ARTICLE IX - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the date of signing.

Dated: February 27, 1995

Filings, Inc. by Teresa Roman, Vice-President

Incorporator

Certificate designating place of business or domicle for the service of process within Florida, naming agent upon whom process may be served.

In compliance with Section 607.0501, Florida Statutes, the following is submitted:

First that St. James Partners, Inc., desiring to organize or qualify under the laws of the State of Florida, has named Filings, Inc., a Florida comporation, located at 3732 N.W. 16th Street, Fort Lauderdal. Florida, as its agent to accept service of process within Florida.

Dated: February 27, 1995

Jeresa Koman, Incorporator

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

Dated: February 27, 1995

Filings, Inc. by Teresa Roman, Vice-President

Leeon Roman

#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVED FLORIDA DEPARTMENT OF STATE **APPLICATION** AND Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 95 OCT 28 PHI2: 01 **DOCUMENT #** P95000016335 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1 Corporation Name ST. JAMES PARTNERS, INC. Principal Place of Business Mailing Address 101 MAIN STREET 101 MAIN STREET SAFETY HARBOR FL 34695 SAFETY MARBOR FL 34886 96ao If above mikeresses are incorrect in any way, line through incorrect information and enter correction be 2. New Edncipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Surlo. Apt # ole. ppe yerhway Surlo\_300 101 Aprilipe Publica 02/28/1995 Suito, Apt. W. otc! 5. FEI Number Applied For 59-332655 Not Applicable Hubr \$8.75 Additional Fermina 2.00 J CERTIFICATE OF STATUS DESIRED to a Cartification of the CPOMS 7. Names and Street Addresses of Each Officer and/or Director. (Florid) a nonprofit corporations must list at least 3 directors) Stroot Address of Each Name of Officers Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip D 315 E. ROBINSTON STREET. SLITE-1 ORLANDO FL 32901 PARKER, GERALD C Phillippe Tichuxu 16.300 D Phillippe Perhapy, Sec. 300 Hern, Alexander F. 101 Phillippe Parkway de + Taning, Bichard E 600001996296--11/05/96--01121--011 \*\*\*\*375.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 18TH STREET FORT LAUDERDALE FL 33311 Suite, Apt. #, Etc. Zip Code City State 10 1, 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 Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes 12.1 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 filling 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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