P95000034443

Bob Ellis - WA4UQQ Post Office Box 7349 Winter Haven, FL 33883-7349 USA

600001458546 -04/18/95--01028--007 ****122.50 ****122.50

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

EFFECTIVE DATE

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

(Corporati	on Name)	(Document #)	
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(Corporation Name)		(Document #)	
(Corporati	on Name)	(Document #)	
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Mail out W	/ill wait Photocopy	Certificate of Status	CS APR 18
NEW FILINGS	AMENDMENTS	E. F. G.	
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onProfit	Resignation of R.A., Officer/I	Director	, –

NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/L	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	

ED SEE. FLORIES

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

189, 505, 706, 67/ 189, 505, 706, 67/ 189, 505, 106, 67/

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 20, 1995

BOB ELLIS PO BOX 7349 WINTER HAVEN, FL 33883-7349

SUBJECT: BOB ELLIS & ASSOCIATES

Ref. Number: W95000008541

We have received your document for BOB ELLIS & ASSOCIATES and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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

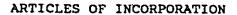
If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register Corporate Specialist Supervisor

Letter Number: 995A00018720

NOTE: Inc. has been added as the suffix to the corporate name.

Thank you!



OF

BOB ELLIS & ASSOCIATES , INC.



ARTICLE I - NAME AND ADDRESS

The name of this corporation is BOB ELLIS & ASSOCIATES/ The physical and mailing address of the corporation is 160 Lagoon Road South East, Winter Haven, Florida 33884-2527.

ARTICLE II - COMMENCEMENT OF CORPORATION

This corporation shall commence its corporate existence on April 12, 1995.

ARTICLE III - DURATION

This corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

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

ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is: 160 lagoon Rcad South East, Winter Haven, Florida 33884-2527, and the name of the initial registered agent of this corporation at that address is: Robert J. Ellis.

ARTICLE VII - PRE-EMPTIVE RIGHTS

Pre-emptive rights are granted to all shareholders.

ARTICLE VIII - INITIAL BOARD OF DIRECTORS

This corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, and their manner of selection or election shall likewise be governed by the By-Laws. The name and address of the initial directors of this corporation are:

Robert J. Ellis Tonya D. Ellis

160 Lagoon Road South East Winter Haven, Florida 33884

ARTICLE IX - INCORPORATORS

The name and address of the person signing these articles is:

Robert J. Ellis

160 Lagoon Road South East Winter Haven, Florida 33884

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 12 day of April, 1995.

Robert J. Ellis

STATE OF FLORIDA COUNTY OF POLK

The foregoing instrument was acknowledged before me this / day of April, 1995, by Robert J. Ellis, who is personally known to me or provided a Florida Drivers License, and who took and oath and affixed his signature as incorporator of Bob/Ellis/& associates., Inc.

My Comm Exp. 10/71/11

My Comm Exp. 10/71/11

Bonded By Service In Notary Public Commission No.

Commission Exp.

Commission Exp.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Bob 11 is & Associates, Inc.
2	The name and address of the registered agent and office is:
∡,	•
	Robert J. Ellis
	(Name)
	160 Lagoon Road South East
	(P.O. Box <u>NOT</u> acceptable)
	Winter Haven, Florida 33884-2527
	(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

DATE

04-12-1995

REGISTERED AGENT FILING FEE: \$35.00

95 APR 18 AH 7: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIO