

P95000045830

May 24, 1995

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

FILED  
95 JUL -6 PM 4:52  
TALLAHASSEE, FLORIDA

500001507475  
-06/07/95--01074--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Dear Sir:

Enclosed please find the following to establish a new corporation, to-wit:

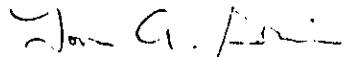
1. Original and one copy of Articles of Incorporation.
2. Certificate of Designation Registered Agent/Registered Office.
3. Check in the amount of \$70.00 to cover the following:

a.	Filing fee - Articles of Incorporation -	\$35.00
b.	Filing fee - Registered Agent -	\$35.00

The name of the corporation is EduServ, Inc.

Thank you for your attention and assistance with this filing.

Yours very truly,



Tom A. Grimes

RPB/vb

Enc.

620000 JUN 13 1995

Articles of Incorporation

The undersigned, acting as incorporators of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

Article I

The name of the corporation is:  
**EduServ, Inc.**

Article II

The period of its duration is perpetual.

Article III

The purpose is to engage in any activities or business permitted under the laws of the United States of America and the State of Florida.

Article IV

The capital stock of this corporation shall be divided into One Thousand Shares (1,000) with a par value of One Tenth of a Dollar (\$0.10) per share, fully paid and non-assessable.

Initial Issue. Four hundred (400) shares of the capital stock of the corporation be issued for cash at a par value of \$0.10 per share.

Dividends. The holders of the outstanding capital stock shall be entitled to receive, when and as declared by the Board of Directors, dividends payable either in cash, in property, or in shares of the capital stock of the corporation.

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95 JUN -6 PM 4:52

TALLAHASSEE, FLORIDA

#### Article V

The principal street address and the registered office address are the same, that being; 806 Fox Valley Drive, Longwood, Florida 32779, and the name of the registered agent at such address is TOM A. GRIMES.

#### Article VI

The names and address of the persons who shall serve as directors until the first annual meeting of shareholders, or until their successors shall have been elected and qualified, are as follows:

NAME	NO. AND STREET	CITY	STATE	ZIP
TOM A. GRIMES	806 Fox Valley Drive	Longwood	FL	32779
TERESA A. GRIMES	806 Fox Valley Drive	Longwood	FL	32779
LINDSEY M. GRIMES	806 Fox Valley Drive	Longwood	FL	32779
ANDREW T. GRIMES	806 Fox Valley Drive	Longwood	FL	32779

#### Article VIII

The names and addresses of the initial incorporators are as follows:

NAME	NO. AND STREET	CITY	STATE	ZIP
TOM A. GRIMES	806 Fox Valley Drive	Longwood	FL	32779
TERESA A. GRIMES	806 Fox Valley Drive	Longwood	FL	32779
LINDSEY M. GRIMES	806 Fox Valley Drive	Longwood	FL	32779
ANDREW T. GRIMES	806 Fox Valley Drive	Longwood	FL	32779

Article IX

The shareholders shall have the power to adopt, amend, alter, the Articles of Incorporation when proposed and approved at a stockholders' meeting, with not less than a majority vote of the common stock.

IN WITNESS WHEREOF, the undersigned have made and subscribed of these Articles of Incorporation at Longwood, Florida, on this the 24 day of May, A.D. 1995

Tom A. Grimes (Seal)  
Tom A. Grimes

Teresa A. Grimes (Seal)  
Teresa A. Grimes

Lindsey M. Grimes (Seal)  
Lindsey M. Grimes

Andrew T. Grimes (Seal)  
Andrew T. Grimes

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

FILED  
95 JUN -6 PM 4:52  
CLERK OF COURT  
FLORIDA

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

**TEEN A. GRIMES**  
**806 FOX VALLEY DRIVE**  
**LONGWOOD, FLORIDA 32779**

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

T. A. Grimes

DATE

5/24/95

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1996 OCT -4 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045830**

1. Corporation Name  
**EDUSERV, INC.**

Principal Place of Business

**806 FOX VALLEY DRIVE  
LONGWOOD FL 32778**

Mailing Address

**806 FOX VALLEY DRIVE  
LONGWOOD FL 32778**



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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/06/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3322735**

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

Zip Country

Zip

Country

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

1. Index	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	GRIMES, TOM A	806 FOX VALLEY DRIVE	LONGWOOD FL 32778
D	GRIMES, TERESA A	806 FOX VALLEY DRIVE	LONGWOOD FL 32778
D	GRIMES, LINDSEY M	806 FOX VALLEY DRIVE	LONGWOOD FL 32778
D	GRIMES, ANDREW T	806 FOX VALLEY DRIVE	LONGWOOD FL 32778

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**GRIMES, TOM A  
806 FOX VALLEY DRIVE  
LONGWOOD FL 32778**

9. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

Suite, Apt. #, Etc.

**200001977162--3**

**-10/16/96-01063-017**

City

**\*\*\*\*379.00 \*\*\*\*975.00**

CR2000 (7-96)

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**10/12/96**

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 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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

**(407) 667-7437**