95000046195 OFFICE USE ONLY (Document 1) Rogers, Towers et al. (Requestor's Name) 106 South Monroe St. (Address) 32301 (222-7200)Tallahassee, FL (Phone #) (City, State, Zip) OFFICE USE ONLY Call Pat @ 222-7200 if problems. CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation R CHESSER JUN 1 4 1995 Reinstatement

Trademark

Examiner's Initials

Other

ARTICLES OF INCORPORATION OF LICO II CORPORATION

FIRST: The name of this corporation is:

LICO II CORPORATION

SECOND: The general nature of the business or businesses to be transacted is to do all and everything necessary and proper for the accomplishment of the objects necessary or incidental to the benefit and protection of the corporation, and to transact any lawful business and to exercise all powers granted to corporations by the laws of the State of Florida.

THIRD: The principal office of this corporation will be at 45 Island Estates Parkway, Palm Coast, Florida 32137, or at: such other:address as may be determined by the board of directors.

FOURTH: The maximum number of shares with par value that this corporation is authorized to have outstanding at any one time is Seven Thousand Five Hundred (7,500) shares of the par value of One Cent (\$0.01) each.

FIFTH: The street address of the initial registered office of this corporation is 106 South Monroe Street, Tallahassee, Florida 32302 and the name of the initial registered agent of this corporation at that address is Pat Roberts.

SIXTH: The names and addresses of the members of the first board of directors, who shall hold office for the first year of the existence of the corporation or until their successors are elected or appointed and have qualified are:

NAMES ADDRESS

Valdin Lichter

45 Island Estates Parkway
Palm Coast, Florida 32137:

Barbara Lichter

45 Island Estates Parkway
Palm Coast, Florida 32137

SEVENTH: The name and address of the sole incorporator of the corporation is as follows:

<u>NAMES</u>

ADDRESS

Pat Roberts

106 South Monroe Street Tallahassee, Florida 32302 I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 14th day of June, 1995.

Pat Roberts Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the below-named 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.

The name of the corporation is:

LICO II Corporation

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

Pat Roberts
Rogers, Towers, Bailey, Jones & Gay
106 South Monrod Street
Tallahassee, FL 32302

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:

Pat Pohorte

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I, THE UNDERSIGNED, being the sole original incorporator hereinbefore named for the purpose of forming a corporation to do business both within and without the State of Florida, do make, subscribe, acknowledge, and file these articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this 14th day of June, 1995.

Pat Roberts Incorporator

SECRETARY OF STATE

PROBLEM DECISION OF THE PROBLEM PROBLING PROBLEM PROBLEM PROBLEM PROBLEM PROBLEM PROBLEM PROBLEM PROBL

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(Requestor's Name) 106 South Monroe St.			
(Address) Tallahassee, FL 323	301 (222-7200)	000001536 97/12/95 ,- 0106-	
(City, State, Zip)	(Phone #)	**************************************	
Call Pat @ 222-7200	if nachlama	OFFICE USE ONLY	
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Porida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Locida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

to the State of Florida. 1a. The name of the corporation is: $\frac{\text{LICO II}}{\text{LICO II}}$	Corporation
1b. The mailing address of the corporation iz: Street Address: 360 East Drive, Melbour	P.O. Box 399, Melbourne, Florida 32902
1c. Date of incorporation:	Document number: 395A00029262
2. The name and address of the current region	and agent and office:
Pat Roberts, Ropers, Towers	
106 South Monroe Street	ZE 95
Tallahassee, Florida 32302	5 E 7
Valdin Lichter, LICO II Com	poration
One Commerce Blvd., P.O	
Palm Coast, Florida 321	
uch change was authorized by resolution duly a beauty and authorized by the board.	the street address of the business office of its elepted by its board of directors or by an officer
(Signature of the officer, chairman or	(Date)
VALDIN A. LICHTER	
(Primed or typed name and #46) aving been named as registered accompanies. Thereby accept the appropriate. Thereby accept the appropriate of the companies with the registered agent. gistered agent.	***nt service of process for the above stated med agentand agree to actin this capacity. States relative to the proper and complete of accept the obligation of my position as
1/1/1/6	7/6/9 (
(Signature of Registered Agent)	(Date)
signing on hehalf of an entity:	
VALEIN A. LICHTER	CHAIRMAN
(Typed or Printed Name)	(Capacity)
Division of Corpor^*-	" *** 77, Taliahassoe, FL 32314

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