

REFERENCE : 619590 106764A

AUTHORIZATION :

COST LIMIT 1 9 70.00

ORDER DATE: June 15, 1995

ORDER TIME : 3:05 PM

900001519309

ORDER NO. : 619590

CUSTOMER NO:

1067644

990001514799

CUSTOMER: Ms. Tonya Chase

JAMES L. CHASE, PA

101 East Government Street

Pensacola, FL 32501

DOMESTIC FILING

NAME:

FORKSOUNCE, -INC.

10 M 10:59

XXX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: T. BROWN JUN 2 1 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 16, 1995

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: FORMSOURCE, INC. Ref. Number: W95000012296

We have received your document for FORMSOURCE, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6932.

Teresa Brown Corporate Specialist

Letter Number: 295A00029688

ARTICLES OF INCORPORATION

OF.

FORMSYSTEM, INC.

95 JUN UP AN 10: 59
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

FORMSYSTEM, INC.

The address of the principal office of this corporation shall be 5338 Potosi Place, Pensacola, Florida 32504, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on June 15, 1995.

CORPORATION SERVICE COMPANY

Its Agent, Gail Shelby

25 FILED

TALLATINGSEE, ALTONOM

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: Its Agent, gail Shelby

CMH/dgs

James L. Chase & Associates, P.A.

ATTORNEYS AND COUNSELORS AT I

August 10, 1995

Pensacola, FL 32501 904-434-3601 FAX # 434-3708

13430 Gulf Beach Hwy. Pensacola, FL 32507 904-492-4770

100001559931

*****35.00 *****35.00

Corporate Records Bureau Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32301

> RE: Formsystem, Inc.

TO WHOM IT MAY CONCERN:

Enclosed herewith you will find the following documents:

Articles of Amendment of Formsystem, Inc. changing the name of 1. the corporation to Formsystems, Inc.

2. Our firm check drawn to your order in the amount of \$35.08 for filing of these Articles of Amendment.

Please file these Articles of Amendment in the appropriate corporate records for the State of Florida. After these Articles of Amendment have Seen filed, please send a copy of the filed Articles to me.

If you have any questions, please do not hesitate to contact me.

JLC/tbc Enclosure

cc: Karen Webb (w/encl.)

Sincerely,

MES L. CHASE / 10 8 389

ARTICLES OF AMENDMENT OF FORMSYSTEM, INC.

The Articles of Incorporation of FORMSYSTEM, INC. are hereby amended as follows:

ARTICLE I is amended to provide that the name of the corporation shall

| | • |
|---|--|
| be FORMSYSTEMS , INC . | |
| This amendment July 7, 1995. | was adopted by a unanimous vote of the shareholders on |
| odiy <u>7,</u> 1995. | KAREN WEBB, President, Secretary and |
| | Director |
| | <i>k</i> → |
| STATE OF FLORIDA | 95 ALL |
| COUNTY OF ESCAMBIA | 95 AUG 14 |
| The foregoing instrumer | nt was sworn to and subscribed before me on this |
| day of July, 1995, by KAREN | WEBB, who personally appeared before me 3 |
| | NOTARY PUBLIC |
| OFFICIAL NOTARY SEAL JAMES L CHASE COMMISSION NO: | (Noed or printed name) |

MAY 28, 1997

My Commission Expires: <u>CC ス70よ9</u>8

My Commission No.: $\frac{5/28/97}{}$

| [★] Personally known; or | [] Produced identification |
|-----------------------------|-----------------------------|
| Type of identification prod | uced: |

James L. Chase & Associates, P.A.

ATTORNEYS AND COUNSELORS AT LAW

JAMES L. CHASE STEVEN E. QUINNELL KEITH A. McIVER PATRICK JACKSON Reply to: 101 East Government Street Pensacola, FL 32501 904-434-3601 FAX # 434-3708

July 11, 1996

13430 Gulf Beach Hwy. Pensacola, FL 32507 904-492-4770

Florida Department of State Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

000001894160 -07/16/96--01044--008 *****35.00 *****35.00

RE: FormSystems, Inc.

Dear Sir:

Enclosed herewith you will find the original Statement of Change of Registered Office or Registered Agent or Both for Corporations with regard to the change of the registered agent for the above-referenced corporation. Also enclosed is my client's check in the amount of \$35.00 representing the cost of filing the enclosed form.

Sincerely,

Please file the enclosed form, change the registered agent and return proof

to me of the same. Your assistance in this regard is appreciated.

Enclosure

JLC/tbc

cc: Karen Webb (w/encl.)

JAMES L. CHASE



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 18, 1996

JAMES L. CHASE ATTY.
JAMES L. CHASE & ASSOCIATES, P.A.
101 E. GOVERNMENT STREET
PENSACOLA, FL 32501

SUBJECT: FORMSYSTEMS, INC. Ref. Number: P95000048289

We have received your document for FORMSYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 096A00034738

corrected document attached

95 JUL 25 NH 3: 55
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

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

| Aursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or the undersigned corporation organized under the laws of th submits the following statement in order to change its registered of both, in the State of Florida. | 617.1508, Florida Statutes, e State of lice or registered agent, or |
|---|---|
| 1a. The name of the corporation is:FORMSYSTEMS, INC. | |
| 1b. The mailing address of the corporation is: 5338 POTOSI PLAC PENSACOLA, FLORIDA 32504 | EE |
| 1c. Date of incorpcintion: AUGUST 14, 1995 Document number | : <u>P95000048289</u> |
| 2. The name and address of the current registered agent and office: | |
| CORPORATION SERVICE COMPANY | _ |
| 1201 HAYS STREET | TAL SE SE |
| TALLAHASSEE, FL 32301-2525 | |
| 3. The name and address of the new registered agent and office:(P.O. S | |
| JAMES L. CHASE | |
| 101 EAST GOVERNMENT ST | STA 2: 2 |
| PENSACOLA, FL 32501 | |
| The street address of its registered office and the street address of registered agent, as changed, will be identical. | the business office of its |
| Such change was authorized by resolution duly adopted by its board of so authorized by the board. | f directors or by an officer |
| 1 Sectio M. WEBB 1 | 1/8/96 |
| (Signature of an officer, chairman or vice chairman of the board) | (Dáte) |
| / KARENI M. WEBB PRESIDENT | |
| (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of procorporation, I hereby accept the appointment as registered agent and a l further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with and accept the objective agent. | gree to act in this capacity. o the proper and complete |
| Aam La 1/ | (Date) |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| ∨ | |

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

(Capacity)

(Typed or Printed Name)