

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0171
0904-222-0110 FAX

800-342-8006

CSO networks
PRESTIGE MAIL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000011

REFERENCE : 630760 9425

AUTHORIZATION

COST LIMIT : \$ 70.00

300001580403

ORDER DATE : July 5, 1995

ORDER TIME : 12:43 PM

ORDER NO. : 630760

CUSTOMER NO: 9425A

CUSTOMER: Mr. Howard Sverbilow
JOE TEAQUE CARUSO, P.A.

Suite 100
800 E. Merritt Island Causeway
Merritt Island, FL 32952

DOMESTIC FILING

NAME: LATE NIGHT ADULT SHOPPING
CLUB, INC.

XXX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: T. BROWN

FILED
95 JUL -5 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 6 1995

ARTICLES OF INCORPORATION
OF

LATE NIGHT ADULT SHOPPING CLUB, INC.

FILED
95 JUL -5 AM 11:03
SECRETARY OF STATE
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:

LATE NIGHT ADULT SHOPPING CLUB, INC.

The address of the principal office of this corporation shall be 25A McCloud Street, Merritt Island, Florida 32952, 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. PREEMPTIVE RIGHTS

The corporation elects to have preemptive rights.

ARTICLE VII. 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 July 5, 1995.

CORPORATION SERVICE COMPANY

By: Gail Shelby
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

FILED
95 JUL -5 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

KBR/dgs

P95 0000 52048

Law Office of
Curuso & Lenopian, P.A.

OLDE BUILDING
1100 EAST MERITT ISLAND CAUSEWAY
SUITE 200
POST OFFICE BOX 541271
MERITT ISLAND, FLORIDA 32954-1271

OFFICE USE ONLY

95 AUG -9 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. Late Night Adult Shopping
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
<input checked="" type="checkbox"/> Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

709,721
W95 15554

N. HENDRICKS AUG 9 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

August 3, 1995

CARUSO & SEROPIAN, P.A.
800 E. MERRITT ISLAND CAUSEWAY
SUITE 200
MERRITT ISLAND, FL 32954-1271

SUBJECT: LATE NIGHT ADULT SHOPPING CLUB, INC.
Ref. Number: P95000052048

We have received your document for LATE NIGHT ADULT SHOPPING CLUB, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 595A00036414

Florida Department of State, Jim Smith, 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 _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is:

Late Night Adult
Shopping Club, Inc.

1b. Date of incorporation

7/5/95

Document number

P95 0000 320 98

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

Corporation Information Service Company
1201 Hays St Room 5528 Tallahassee, FL 32301-2525

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

Stephen Cergun Jr
800 E. Merritt Island Cswy
Merritt Island FL 32952

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature]
SIGNATURE

7/14/95
DATE

Typed or printed name and title

Stephen Cergun Jr

Vice Pres/sec

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]

(Registered Agent)

DATE 7/14/95

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

P95000052048

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	AMENDMENTS
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Resignation of R.A., Officer/Director
<input type="checkbox"/> Limited Liability	<input checked="" type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Domestication	<input type="checkbox"/> Dissolution/Withdrawal
<input type="checkbox"/> Other	<input type="checkbox"/> Merger

OTHER FILINGS	REGISTRATION/ QUALIFICATION
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Foreign
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Name Reservation	<input type="checkbox"/> Reinstatement
	<input type="checkbox"/> Trademark
	<input type="checkbox"/> Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 9, 1995

LACERGI INTERNATIONAL ENTERPRISES, INC
25-A MCLEOD ST
MERRITT ISLAND, FL 32953

SUBJECT LATE NIGHT ADULT SHOPPING CLUB, INC
Ref Number P95000052048

We have received your document for LATE NIGHT ADULT SHOPPING CLUB, 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.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 795A00050072



FLORIDA DEPARTMENT OF STATE
Sandra R. Moody
Tallahassee, Florida

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of Florida submits the following statement in order to change the registered office in Florida:

1. The name of the corporation The State Capital Bank, Inc.

2. The street address of the current registered office

221 West 1st Street
Tallahassee, Florida 32301

3. The street address of the new registered office

221 West 1st Street
Tallahassee, Florida 32301

The corporation has been notified in writing of this change

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical

Date 10/12/05

[Signature]
(Signature of Registered Agent)

[Printed Name]
(Printed or Typed Name)

P95000052048

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued and such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Howard M. Swartz, Low EIN or SS#: 217463534

Address: PO Box 541271
McCall Island FL 32954

Amount: \$35.00 Date Paid _____

Reason for claim: Registered Agent change was previously filed for:
LATE NIGHT ADULT SHOPPING CLUB, INC. #P95000052048

Velma Shepard - Amendments

Certified true and correct this 11 day of JUN, 19 96

Signature Howard M. Swartz

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund <u>\$ 35.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01023-006</u> dated <u>05/30/96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

P95000052048

Law Office of
Caruso & Swerbiłow, P.A.



JOE TEAGUE CARUSO
FLORIDA BAR BOARD
CERTIFIED CIVIL TRIAL LAWYER



HOWARD M. SWERBIŁOW
FLORIDA BAR BOARD
CERTIFIED CRIMINAL TRIAL LAWYER

OF COUNSEL
JAMES EDWARD MOORE

OLDF BUILDING
1100 EAST MERRITT ISLAND CAUSEWAY
SUITE 200
POST OFFICE BOX 841271
MERRITT ISLAND, FLORIDA 32884-1271

407/463-3880

FAX MACHINE NUMBERS:
407/463-0112

May 22, 1996

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Late Night Adult Shopping Club, Inc.

Dear Sir:

Enclosed herewith please find our check number 6681 in the amount of \$35.00 along with Statement of Change of Registered Office or Registered Agent to be processed.

Your prompt attention to this matter will be very much appreciated.

Respectfully,
Howard M. Swerbiłow

HOWARD M. SWERBIŁOW

HMS/sf
Enclosures, as stated

RA Chg.





FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 7, 1996

HOWARD M. SWERBILOW
POST OFFICE BOX 541271
MERRITT ISLAND, FL 32954-1271

SUBJECT: LATE NIGHT ADULT SHOPPING CLUB, INC.
Ref. Number: P95000052048

We have received your document for LATE NIGHT ADULT SHOPPING CLUB, 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):

This document was previously filed on August 9, 1995.

Enclosed is an application for refund.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 996A00028549

RECEIVED
56 JUN 13 AM 8:39
DIVISION OF CORPORATIONS