

9500053611

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ASSOCIATES, P.A.
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Centre Square
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In reply address form at
P.O. Box 800
Tampa, Florida 33601

July 6, 1995

SEARCHED 1 15-PCB-150
-07/19/95 - 01014 -007
*****70.00 *****70.00

VIA FEDERAL EXPRESS

Corporate Records Bureau
Division of Corporations
Department of State
409 E. Gaines St.
Tallahassee, Florida 32301
ATTN: Mrs. Jo Mynard, Supervisor, Charter Section

Re: Lynne Meredith Investments, Inc.

Dear Ms. Mynard:

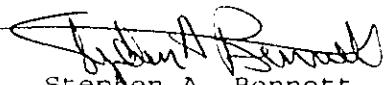
Enclosed are the original and one (1) copy of the executed Articles of Incorporation for the above-referenced corporation. Please endorse your approval of the Articles on the duplicate copy provided and return same.

Your attention is directed to Article Two of the Articles of Incorporation which could state a specific commencement date for this corporation. Please make sure your records indicate the correct effective date if one is indicated.

Our check in the amount of \$70.00 is enclosed to cover the Registered Agent fee (\$35.00) and the filing fee (\$35.00).

If you find any problems with the enclosed documents, or require additional information, please contact the undersigned by telephone rather than returning any documents.

Very truly yours,


Stephen A. Bennett

SAB:sb

7/12

SEARCHED
INDEXED
SERIALIZED
FILED
JULY 12 1995
FLORIDA
DEPARTMENT OF STATE
RECEIVED
7-12-95
SAC:SB

ARTICLES OF INCORPORATION OF
Lynne Meredith Investments, Inc.

ARTICLE ONE - NAME

The name of this corporation is: Lynne Meredith Investments, Inc.

ARTICLE TWO - DURATION; EFFECTIVE DATE

This corporation shall exist perpetually, commencing as of the date of execution of these Articles of Incorporation.

EFFECTIVE DATE
1/1/91

ARTICLE THREE - PURPOSES

This corporation may engage in any activity or business permitted under the laws of the United States of America and of this State.

ARTICLE FOUR - CAPITAL STOCK

This corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares of One Dollar (\$1.00) par value common stock.

ARTICLE FIVE - PRINCIPAL OFFICE

The principal office of this corporation is unknown, and the mailing address of this corporation is: 3100 S. Ocean Blvd., #404-N, Palm Beach, Florida 33480.

ARTICLE SIX - REGISTERED OFFICE AND REGISTERED AGENT

The name of the initial Registered Agent of this corporation and the street address of the initial Registered Office is: Manuel Elkind, 3100 S. Ocean Blvd., #404-N, Palm Beach, Florida 33480.

ARTICLE SEVEN - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws, but shall never be less than one (1). The name and address of the initial director of this corporation is Manuel Elkind, 3100 S. Ocean Blvd., #404-N, Palm Beach, Florida 33480.

ARTICLE EIGHT - INCORPORATOR

The name and address of the person signing these Articles of Incorporation is Manuel Elkind, 3100 S. Ocean Blvd., #404-N, Palm Beach, Florida 33480.

ARTICLE NINE - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE TEN - BYLAWS

The initial Bylaws shall be adopted by the Board of Directors. The power to alter, amend, or repeal the Bylaws or adopt new Bylaws is vested in the Board of Directors, subject to repeal or change by action of the shareholders.

ARTICLE ELEVEN - INFORMAL SHAREHOLDER ACTION

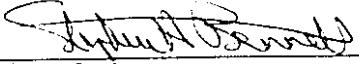
The holders of outstanding shares of the voting stock of the corporation may act by written agreement without a meeting, as provided in Florida Statutes 607.0704.

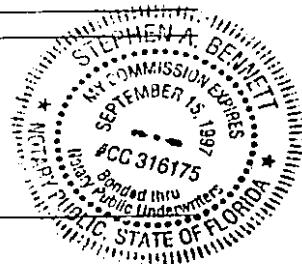
IN WITNESS WHEREOF, the undersigned executes these Articles of Incorporation this 6th day of July, 1995.


Manuel Elkind, as Incorporator

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 6 day of July, 1995, by Manuel Elkind, who is personally known to me or who has produced _____ as identification.


Printed Name: _____
Notary Public
My Commission Expires: _____



ACCEPTANCE AND ACKNOWLEDGEMENT

I hereby accept to act as registered agent, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.


Manuel Elkind, as Registered Agent

FILED
05 JULY 7 1991 3:51
SHERIFF'S OFFICE
PENSACOLA, FLORIDA

P95000053611

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

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 else 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.

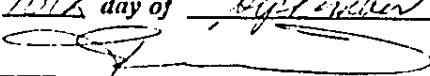
Name: Manuel ELKIND EIN or SS#: 594-25-0174

Address: 2421 Teresa Circle # 13
TAMPA FL 33629

Amount: \$225 Date Paid 8-7-96

Reason for claim: P95000053611 - duplicate
Refund of the AR

Certified true and correct this 10th day of August, 1996.

Signature 

* 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 \$ \$225.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 971414 058 dated 8-7-96.

Name of Account 452021300014530000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 ____.

Department of State, Division of Corporations _____
(Agency) _____ (Authorized Signature and Title) _____