# DAVID H. BOOHER, III

2020 HENDRICKS AVENUE

Jacksonville, Florida 32207

TELEPHONE (904) 398-8086

July 17, 1995

Division of Corporations Secretary of State's Office P. O. Box 6327 Tallahassee, Florida 32314 -07/24/95--01092--003 \*\*\*\*122.50 \*\*\*\*122.50

Re: The Basket Connection, Inc.

Dear Sir or Madam:

Enclosed you will find Articles of Incorporation for filing on the above mentioned. Also enclosed is my check for \$122.50 to cover cost of same.

Please forward a certified copy at your earliest convenience.

Sincerely,

David H. Booher, III

DHB:bjb

Enclosures

ON SO

FILLU 95 JUL 24 PH 8: 53 SECRETARY OF STATE

95 JUL 21, PH 8: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF THE BASKET CONNECTION, INC.

### ARTICLE I - NAME

The name of this corporation is The Basket Connection, Inc.

### ARTICLE II - DURATION

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

### ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting and engaging in any or all business permitted under the laws of the United States, the State of Florida and all other states, territories and jurisdictions of the United States.

### ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of par value common stock which shall be designated "Common Shares" with a par value of Five Dollars (\$5.00) per share. This corporation may be designated as a Subchapter "S" corporation upon the timely filing of the appropriate forms.

### ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

### ARTICLE VI - INITIAL PRINCIPAL OFFICE AND INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial principal and registered office of this corporation is:

6271-24 St. Augustine Road, Suite 123

Jacksonville, Florida 32217

and the name of the initial registered agent of this corporation at that address is CHERYL T. REAGOR.

### ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 director constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the By-Laws. The name and address of the initial Board of Directors of this corporation is:

NAME

**ADDRESS** 

CHERYL T. REAGOR

6271-24 St. Augustine Road

Suite 123

Jacksonville, Florida 32217

### ARTICLE VIII - INCORPORATORS

The name and address of each person signing these Articles is:

NAME

ADDRESS

CHERYL T. REAGOR

6271-24 St. Augustine Road, Suite 123 Jacksonville, Florida 32225

#### ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

### ARTICLE X - AMENDMENT

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

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 200 day of 1 day of 1 1995.

CHERYL T. REAGOR, Indorporator

STATE OF FLORIDA COUNTY OF DUVAL

BEFORE ME, a notary public authorized to take acknowledgements in the State and County set forth above, personally appeared

who produced as identification <u>VALID FLORIDA DRIVERS LICENSE</u> and he acknowledged before me that he executed the Articles of Incorporation and who did not take an oath.

NOTARY PUBLIC

MY COMMISSION EXPIRES:



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA AND NAMING THE AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, and all other pertinent laws of Florida, the following is submitted:

THE BASKET CONNECTION, INC.

desiring to organize or qualify under the laws of the State of Florida with its principal place of business in Jacksonville, Florida, has named Cheryl T. Reagor its agent to accept service of process within the State of Florida.

חשתגם

1995.

CHERYL T. REAGOR, Incorporator

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Having been named to accept service of process for the above stated corporation at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I, as Registered Agent, am familiar with and I accept the obligations of that position.

CHERYL TV REAGOR Registered Agent

### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P95000057649

1. Corporation Name

THE BASKET CONNECTION, INC.

Principal Place of Business

Mailing Address

REINSTATEMENT 1994

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



| 6271-24 ST. AUGUSTINE FOAD<br>SUITE 123<br>JACKSONVILLLE FL 32217  |                    |  | 6271-24 ST. AUGUSTINE ROAD<br>SUITE 123<br>JACKSONVILLLE FL 32217 |  |                              |   |   |   |
|--|--------------------|--|---|--|------------------------------|---|---|---|
| If above addresses are incorrect in any way, line through incorrect information and onter correction below                 |                    |  |   |  |                              |   |   |   |
|  |                    |  |   | ling Office Address, If Applicable   |                              |   | 4 Date Incom  | Porated or Qualified  |
| Suite Apt  | # elc              | Suite Ant #                                  | Suite, Apt. #, etc.   |  |                              | To Do Business in Florida 07/24/1995        |   |   |
|  |                    |  |   |  |                              |   | 5 FEI Numbe   | Applied For   |
| City & State   |                    |  | City & State  |  |                              |   | 59-   | 335 2054 Not Applicable   |
| Zip Country  |                    |  | Zip   | Zip Country  |                              |   | CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee required for a Carrificate of Status |   |
| 7 Names and Street Addresse: Fach Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) |                    |  |   |  |                              |   |   |   |
| Title(s) Name of Officers and/or Directors 2   |                    |  |   | Street Address of Each<br>Officer and/or Circetor<br>3 (Do NOT Use Post Office Box I |                              |   | City / Claim / Tim  |   |
| D  | REAGOR, CHERYL T   |  |   | 6271-24 ST. AUGUSTINE HOAD, SUIT 123   |                              |   |   | JACKSONVILLLE FL 32217  |
|  |                    |  |   |  |                              |   |   | 900015829940<br>-10/22/9601106002<br>****375.00 ****375.00<br>///   |
| Name and Address of Current Registered Agent     Name  |                    |  |   |  |                              | 9. Name and Address of New Registered Agent |   |   |
| REAG<br>6271-2<br>SUITE  | . T<br>Istine road | Street Address (P. 5045) Suite, Apl. #, Etc. |   |  | y /-/,<br>You Number<br>Palm | Heetwood  Is No! Acceptable! Road           |   |   |
| JACKSONVILLE FL 32217  |                    |  |   |  | Ponje Vedra Beach FI 32282   |   |   |   |
| 10 I, being<br>Signature o<br>Registered   | Ago 1              | ettes  | REGISTERED AG   | eeti   | -<br>V 0.ii                  | and accept the ob                           | oligations of Section   | on 607.0505, F.S. Date 10-15-94   |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No        |                    |  |   |  |                              |   |   |   |
| KIIS PUBL  | akhenieni abb      | ucadon, ine reason kur nis                   | รถแบบกา กลร กออก  | വെന്നവാ!പ്രെ പ്ര   |                              | to name cattelies t                         | ha convectorie  | pter 607 or £17, F.S. I further certify that when filling of section 607,0401 or 617,0401, F.S., that all fees for 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:

10-15-94 904-273-05
Date Daylime Phone #