

P95000058479

TRANSMITTAL LETTER

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

4000001546814
-07/26/95--01081--020
****131.25 ****131.25

SUBJECT PETER RUDD ASSOCIATES, INC

Enclosed please find an original and two (2) copies of the articles of incorporation together with a check in the amount of \$131.25 to cover costs for the following: 1) filing fee, 2) certified copy of articles, and 3) certificate.

From: Name: David J. Szempruch *DJS*
Address: 5129 Castello Drive, Suite 2
Naples, Florida 33940
Day Phone: (941) 261-8484

SN
7/28/95

FILED
JUL 26 AM 11:55
TALLAHASSEE, FLORIDA

FILED
JULY 24 1995

ARTICLES OF INCORPORATION
OF
PETER RUDD ASSOCIATES, INC.

95 JUL 26 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

1.01. The name of the corporation shall be:

PETER RUDD ASSOCIATES, INC.

ARTICLE II COMMENCEMENT AND DURATION

2.01. The corporation is to commence its corporate existence on the date of subscription of these Articles of Incorporation and shall exist perpetually thereafter until dissolved according to law.

ARTICLE III PURPOSE

3.01. The corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV PRINCIPAL OFFICE

4.01. The principal place of business and mailing address of this corporation shall be:

13870 Tonbridge Court, Bonita Springs, Florida 33923

ARTICLE V CAPITAL STOCK

5.01. The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Five Hundred (500) shares at one dollar (\$1.00) par value
of a single class designated as *Common Stock*.

ARTICLE VI BOARD OF DIRECTORS

ARTICLE X INITIAL REGISTERED AGENT AND STREET ADDRESS

10.01 The name and address of the initial registered agent is

Peter Rudd
13870 Tonbridge Court, Bonita Springs, Florida 33923

ARTICLE XI INDEMNIFICATION

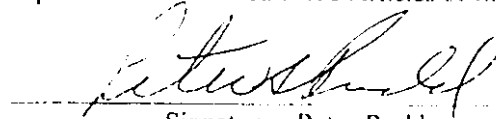
11.01. The corporation shall indemnify any officer(s) or director(s), or any former officer(s) or Director(s), or any person exercising powers and duties as an officer or director of the corporation to the full extent permitted by law.

ARTICLE XII INCORPORATOR(S)

12.01 The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Peter Rudd
13870 Tonbridge Court, Bonita Springs, Florida 33923

The undersigned incorporator has executed these Articles of Incorporation this
July 24, 1995.



Signature Peter Rudd

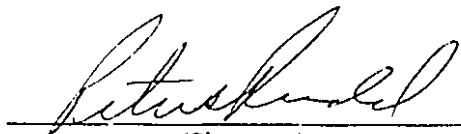
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/ REGISTERED OFFICE

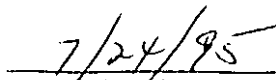
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the corporation is: PETER RUDD ASSOCIATES, INC.
2. The name and address of the registered agent/ office is:

Peter Rudd
13870 Tonbridge Court, Bonita Springs, Florida 33923

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)


(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FLORIDA 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP 30 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058479

1. Corporation Name

PETER RUDD ASSOCIATES, INC.

Principal Place of Business

13870 TONBRIDGE COURT
BONITA SPRINGS FL 33923

Mailing Address

13870 TONBRIDGE COURT
BONITA SPRINGS FL 33923



REINSTATEMENT 96

If above addresses are in error in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1995

5. FEI Number

65-059-8511

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Officers

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

4 City / State / Zip

D

RUDD, PETER

13870 TONBRIDGE COURT

BONITA SPRINGS FL 33923

300001976563--2
-10/16/96--01040--011
****375.00 ****375.00

310-14-9

8. Name and Address of Current Registered Agent

RUDD, PETER
13870 TONBRIDGE COURT
BONITA SPRINGS FL 33923

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Peter Rudd
REGISTERED AGENT MUST SIGN

Date

9/24/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 199.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Rudd
PETER S. RUDD

9/24/96
Date

941892-914
Daytime Phone #

CR2040 (7/96)