

P95000059408

TRANSMITTAL MEMORANDUM

TO: Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

DATE: July 11, 1995  
RE: Automated Project  
Management, Inc.  
Our File: W-45,586

DOCUMENTS OR PAPERS LISTED BELOW ARE ENCLOSED:

1. Original and one copy of the Articles of Incorporation
2. Check in the amount of \$122.50 for filing
3. Stamped, self-addressed return envelope


9000001543619  
-07/31/95--01063--001  
\*\*\*\*122.50 \*\*\*\*122.50

PLEASE TAKE THE FOLLOWING ACTION:

Please file the Articles, certify the copy and return it to me in the envelope provided.

THANK YOU.

STENSTROM, McINTOSH, COLBERT, WHIGHAM & SIMMONS, P.A.  
Attorneys at Law  
Suite 22, Sun Bank  
200 W. First Street  
Sanford, Florida 32771  
Post Office Box 4848  
Sanford, Florida 32772-4848  
Telephone: (407) 322-2171  
FAX: (407) 330-2379

  
Frank C. Whigham



ARTICLES OF INCORPORATION  
OF  
AUTOMATED PROJECT MANAGEMENT, INC.

ARTICLE I - NAME

The name of this corporation is AUTOMATED PROJECT MANAGEMENT, INC., located at 206 Tangerine Drive, Sanford, FL 32771-3656.

ARTICLE II - DURATION

This corporation shall exist perpetually, commencing upon the filing of these Articles of Incorporation, which shall be the effective date of the corporation.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business which corporations may conduct pursuant to the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 7,500 shares of common stock at \$1.00 par value, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED

OFFICE AND AGENT

The street address of the initial registered office of this corporation is 206 Tangerine Drive, Sanford, FL 32771-3656 and the name of the initial Registered Agent of this corporation located at that address is ALAN LUCAS.

## ARTICLE VI - 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 by the bylaws, but shall never be less than one. The name and address of the initial director of this corporation is:

ALAN LUCAS                      206 Tangerine Drive  
Sanford, FL 32771-3656

ARTICLE VII - INCORPORATOR

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

ALAN LUCAS                      206 Tangerine Drive  
Sanford, FL 32771-3656

## ARTICLE VIII - POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE IX - 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 shareholders is subject to this reservation.

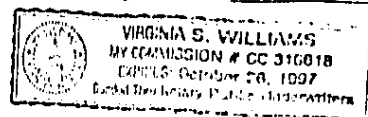
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 25 day of July, 1995.

**ALAN LUCAS**

STATE OF FLORIDA       )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me by ALAN  
LUCAS, personally known to me or who produced n/a  
as identification, this 20 day of  
July, 1995.

Virginia S. Williams  
Notary Public  
My commission expires: \_\_\_\_\_



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

AUTOMATED PROJECT MANGEMENT, INC.

In pursuance to Chapter §48.091, Florida Statutes, the following is submitted in compliance with said Act:

FIRST: That AUTOMATED PROJECT MANGEMENT, INC. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at 206 Tangerine Drive, Sanford, FL 32771-3656, has named ALAN LUCAS, located at 206 Tangerine Drive, Sanford, FL 32771-3656, County of Seminole, State of Florida, as its Registered Agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above entitled corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

  
ALAN LUCAS

INDEXED  
AND  
FILED

96 OCT -3 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**AUTOMATED PROJECT MANAGEMENT, INC.**

### Personal Data and Address

206 TANGERINE DRIVE  
SANFORD FL 32771-3650

**Address:**

206 TANGERINE DRIVE  
SANFORD FL 32771-3658



STATEMENT 96

If above address is the correct one, please write "yes" through enclosed information and enter corrections below.

2. New Principal Office Address, If Applicable

4. **How Many Other Offices Addressed, If Applicable**

4. Date Issued: 11/11/08  
To Be Submitted by: Florida

07/31/1995

Received April 10, 1981

Exempt, Age 18, etc.

[illegible]

☒ Applied For  
☐ Not Applicable

City &amp; State

City &amp; State

**CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names, and Street Addresses, of Each Officer and of Director (If bond corporation must list at least 3 directors)

1 Editor(s)	2 Name of Officer, and or Director	3 Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LUCAS, ALAN	206 TANGERINE DRIVE	SANFORD FL 32771
			000001977210--2
			-10/16/96--01069--017
			****375.00 ****375.00
			JAN 10/15

**8. Name and Address of Current Registered Agent**

LUCAS, ALAN  
206 TANGERINE DRIVE  
SANFORD FL 32771-3656

### 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

REGISTERED AGENT MUST SIGN

Date Oct 1, 196

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.)

1.2 I hereby certify that I am an officer or director of 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Only

Page 10 of 10