

P950000599940

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED 001 5 25 1 13:18:18
F03/02/05---01052---0005
*****78.75 *****78.75

SUBJECT: Camille E. Bond, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for:

☐ \$ 70.00.
Filing Fee

☒ \$ 78.75
Filing Fee
& Certificate

☐ \$ 122.50
Filing Fee
& Certified Copy

☐ \$ 131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Camille E. Bond
Name (printed or typed)
1030 6th Avenue SW
Address
Vero Beach, Florida 32962
City, State, & Zip
(407) 778 - 3439
Telephone Number

FILED
95 AUG -2 AM 11:41
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

Bz 8/3

ARTICLES OF INCORPORATION

OF

Camille E. Bond, Inc.

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

ARTICLE I - NAME

The name of the corporation shall be:

Camille E. Bond, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

**1030 6th Avenue SW
Vero Beach, Florida 32962**

**P.O. Box 650941
Vero Beach, Florida 32965**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - CAPITAL STOCK

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

500

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Camille E. Bond
1030 6th Avenue SW
Vero Beach, Florida 32962**

ARTICLE V - INCORPORATOR(S)

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

**Camille E. Bond
1030 6th Avenue SW
Vero Beach, Florida 32962**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
_27th_____ day of _July____, 19 _95_.

Camille E. Bond

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: Camille E. Bond, Inc.

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

Camille E. Bond
(Name)

1030 6th Avenue SW
(P.O. Box NOT Acceptable)

Vero Beach, Florida 32962
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Camille E. Bond - DATE 7/30/95

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 AM 9:08

Carlos M. Mendez
(Requestor's Name)
1800 W. 49th St., Ste 203
(Address)
Hialeah, FL 33012
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION
OF

FILED
STATE
DIVISION OF CORPORATIONS

95 APR -3 AM 9:08

MEVILU NO 4, INC.

I, the undersigned, President and Secretary, respectively of MEVILU NO 4, INC., a corporation organized under the laws of the State of Florida and located in the city of Miami, Florida, hereby certify:

1. The new name of the corporation is AYLANT, INC.
2. The Article of Incorporation is amended by the following resolution adopted by the shareholders on March 1, 1995

Resolved, that the Articles of Incorporation shall be amended so that Articles I, and VIII are eliminated, and the following substituted for Articles:

ARTICLE I

The name of this corporation shall be: AYLANT, INC.

ARTICLE VIII

The name and post office address of the Directors of the Corporation are:

FERNANDO A. DIAZ	President & Secretary/ Treasurer & Director	7600 S.W. 62nd St. Miami, Florida 33143
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ALINA DIAZ	Vice-President & Director	7600 S.W. 62nd St. Miami, Florida 33143
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NEW ARTICLE XII

The name and post office address of the stockholders of the Corporation are:

FERNANDO A. DIAZ 7600 S.W. 62nd St. 500 Shares \$ 500.00
Miami, Florida 33143

ALINA DIAZ 7600 S.W. 62nd St. 500 Shares \$ 500.00
Miami, Florida 33143

3. The above resolution was adopted by the Board of Directors and by the shareholders unanimously.

Signed and dated at Hialeah, Florida, this 27th day of March 1995.

(CORPORATE SEAL)

FERNANDO A. DIAZ
President & Secretary

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 27th day of March, 1995, by FERNANDO A. DIAZ, who is personally known to me or who have produced (Personally Known), as identification and who did take an oath.

(NOTARY SEAL)

Maria Isabel Fara
NOTARY PUBLIC, State of Florida
at Large.

My Commission Expires:

