John. M. Lawrence, Jr.

Altorney at Law
P 9 5 . . . 66921

1624 Tioga Trail Winter Park, Tlorida 32789 (407) 629-5189

August 23, 1995

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

SUBJECT: Starfish Enterprises, Inc.

Gentlemen:

Enclosed is an original of the Articles of Incorporation of the above corporation at Certificate of Designation of a Registered Agent and a check for \$70.00

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SECRETARY OF STANLAHASSEE, FA

Very truly yours,

John M. Lawrence, Jr.

### ARTICLES OF INCORPORATION

**OF** 

Starfish Enterprises, 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: Starfish Enterprises, Inc.

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#### ARTICLE II PRINCIPAL OFFICE

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

539 Cidermill Place Lake Mary, FL 32746

#### ARTICLE III CAPITAL STOCK

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

100 shares of One Dollar (\$1.00) per value common stock which shall be designated "common shares".

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Nolan B. Persad 539 Cidermill Place Lake Mary, FL 32746

## ARTICLE V INCORPORATOR(S)

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

Nolan B. Persad 539 Cidermill Place Lake Mary, FL 32746

The undersigned has(have) executed these Articles of Incorporation this day of <u>August</u>, 19<u>95</u>.

Notin Grand. Prossorr Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, 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.

The name and address of the registered ago	ent and office is:	
Nolun B, Persa	d	
(NAME)		75 TS
5. 9 Ci dermill Place		MS I
P.O. BOX NOT ACCEPTABLE		是是 65
Lake Mary, FL 32746		29 SSEE
(CITY/STATE/	ZIP)	ELCEBY STATE STATE STATE
	SIGNATURE <u>/</u>	porate officer)

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 Notice for

REGISTERED AGENT FILING FEE: \$35.00