# · P95000061860

### TRANSMITTAL LETTER

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

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(r	roposed corporate r	name - must include si	נאחזע	
	I and one (1) co	py of the articles o	of incorporation and	a check 및
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate by Required	IS AUG 30 PH 3:
FROM:	_	DOUGLAS (printed or typed)  SE 14 ST Address	STEVENSON	19
	305	y, State & Zip	33062 41 972-3	060

NO TIME OUTS INC.

NOTE: Please provide the original and one copy of the articles.

#### ARTICLES OF INCORPORATION

95 AUG 30 PM 3: 19

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:

NO TIME OUTS INC.

ARTICLE II PRINCIPAL OFFICE

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

POMPANO BCH. FL. 33062

ARTICLE III **SHARES** 

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

20

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

PAUL STEUENSON

2795 SE 14 ST POMPANO BEA. FL 33062

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

PAUL STEVENSON 2795 SE 14'ST POMPANO BCH. FZ. 33062

Paul Staventon 4005 SW 15 St. AC107 Pampano Beack, FL 11060

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 th day of MAY, 19 95.

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE IVISION OF CORPORATIONS

95 AUG 30 PH 3: 19

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:	No	TIME	OUTS	-INC.
					, <u> </u>

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

9nd Stepmen AUC 0. 5 4005 5W 15 St. (NAM 9C107 Propers Track. FL 33069

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

POMPANOBOH: FZ. 33062

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, FL 32314