

P95000070030

(Requestor's Name)

J. ROSA & ASSOCIATES, INC.
7310 W. McNAB ROAD, STE. 209
Tamarac, FL 33321

OFFICE USE ONLY

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+444470.00 +444470.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

+ Assoc. of Florida, INC.

1. J. ROSA & ASSOCIATES, INC. (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	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

FILED
95 SEP 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100-1031

Examiner's Initials
Dmc 9/12/95



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State

June 21, 1995

J. ROSS & ASSOCIATES, INC.
7310 W. MCNAB ROAD STE 209
TAMARAC, FL 33321

SUBJECT: T.D.K. OF FLORIDA
Ref. Number: W95000012694

We have received your document for T.D.K. OF FLORIDA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

AMANDA HERRING
Document Specialist

Letter Number: 695A00030558

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95 SEP 12 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

T.D.K. & ASSOC. OF FLORIDA, 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:

T.D.K. & ASSOC. OF FLORIDA, INC.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this
corporation shall be: 8528 NW 47 DR.
CORAL SPRINGS, FL 33067

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized
to have outstanding at any one time is: 100

ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DONNA KEARINS
8528 NW 47 DR.
CORAL SPRINGS, FL 33067

B. Officers:

President: D. Kearins DONNA KEARINS
Address: 8528 NW 47 DR.
CORAL SPRINGS, FL 33067

Vice President: T. Kearins TIMOTHY KEARINS
Address: 8528 NW 47 DR.
CORAL SPRINGS, FL 33067

Secretary:

Address:

Treasurer:

Address:

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: DONNA KEARINS
Office Address: 8528 NW 47 DR.
CORAL SPRINGS, FL 33067
City _____ Zip Code _____

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: D. Kearins

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. D. Kearins
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. DONNA KEARINS, PRESIDENT
(Name and capacity of person signing application)

ARTICLE V. INCORPORATORS

The names and address of the person (s) signing these Articles of Incorporation are as follows:

Name DONNA KEARINS
Address 8528 NW 47 DR.
City CORAL SPRINGS State FLORIDA Zip 33067

Name TIMOTHY KEARINS
Address 8528 NW DR.
City CORAL SPRINGS State FLORIDA Zip 33067

Name _____
Address _____
City _____ State _____ Zip _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 23 day of MAY, 1995.

_____ (Seal)

_____ (Seal)

_____ (Seal)

STATE OF FLORIDA) SS
COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared
DONNA KEARINS AND TIMOTHY KEARINS

known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 23 day of May, 1995.

Michelle Rosa
(Notary Public, State of Florida at large)

(Notary Seal)



My Commission expires: APRIL 3, 1998

FILED

95 SEP 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
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:
T.D.R. & ASSOC. OF FLORIDA, INC.
2. The name and address of the registered agent and office is:

DONNA KEARINS
(Name)

8528 NW 47 DR.
(P.O. Box NOT acceptable)
CORAL SPRINGS, FL 33067
(City/State/Zip)

Signature D. KEARINS

Title PRESIDENT

Date MAY 23, 1995

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature D. KEARINS

Date May 23, 1995

REGISTERED AGENT FILING FEE: \$35.00