1201 Hays Street
Tallahassee, FL 32301
904-222-9171
800-342-8062

P96000017694

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO.: 072100000032

REFERENCE : 859064 93097A

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : February 26, 1996

ORDER TIME : 10:40 AM

ORDER NO. : 859064

400001724204
-02/26/96--01057--024
****122.50 ****122.50

CUSTOMER NO: 93097A

CUSTOMER: Ms. Pamela Moore
CASELLA & MCMICHAEL

Suite C
1432 First Street
Sarasota, FL 34236

FILED
96 FEB 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: J. RICHARD KAISER ENTERPRISES, INC.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned

EXAMINER'S INITIALS:

RECEIVED
96 FEB 25 PM 12:13
DIVISION OF CORPORATION

T. BROWN FEB 27 1996

FILED
96 FEB 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

# FOR

# J. RICHARD KAISER ENTERPRISES, INC.

## ARTICLE ONE

The name of the corporation is J. Richard Kaiser Enterprises, Inc.

## ARTICLE TWO

The period of duration is perpetual.

## ARTICLE THREE

The purpose of this corporation is to transact all lawful business.

## ARTICLE FOUR

The aggregate number of shares which the corporation shall have the authority to issue is 1,000 shares with a par value of One Dollar ($1.00) per share.

## ARTICLE FIVE

The mailing address of the corporation is c/o Casella & McMichael, P.A., Suite C, 1432 First Street, Sarasota, Florida 34236. The name of the initial registered agent at such address is Robert M. Casella, Esquire. The registered office is located at the above address.

## ARTICLE SIX

The number of initial directors is One (1) and the name and address of the director is:

J. Richard Kaiser
4026 Roberts Point Road
Sarasota, Florida 34242

**ARTICLE SEVEN**

The name and address of the incorporator is:

J. Richard Kaiser
4026 Roberts Point Road
Sarasota, Florida 34242

J. Richard Kaiser, Incorporator

STATE OF FLORIDA
COUNTY OF SARASOTA

THE FOREGOING INSTRUMENT was acknowledged before me this 21st day of February, 1996, by J. Richard Kaiser, to me personally known or who presented _____ as identification and who appeared before me at the time of notarization and who did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA

PAMELA MOORE
COMMISSION # CC 380725
EXPIRES JUN 9, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

Pamela Moore

Personally Known: ✓; or Producing Identification: _____
Type of identification produced: _____

ACCEPTANCE BY DESIGNATION
REGISTERED AGENT/REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this statement, hereby accept 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 am familiar with and accept the obligations of my position as registered agent.

Robert M. Casella, Esq.
Date: 2-21-96

P96 000017694

# STATE OF FLORIDA
## OFFICE OF THE COMPTROLLER
## APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: J RICHARD KAISER EIN or SS#: 158-38835

Address: 4026 ROBERTS PT. RD.
SARASOTA, FL. 34242

Amount: $550.00 Date Paid _____

Reason for claim: Report already filed - P96000017694
SP 9/25/97

*Certified true and correct this* 1 *day of* OCTOBER, 19 97.

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

*For Agency Use Only*

*Agency recommends approval of above claim and submits the following information to substantiate the claim:* *Amount of recommended refund* $ 550.00

*The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No.* 98394 040 *dated* 09-18-97

*Name of Account*

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account.

NAME OF ACCOUNT:

45202130001453000000022002000

*Certified true and correct this* _____ *day of* _____, 19____

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)

CR2E060(6/95)