

P96000021804
TRANSMITTAL LETTER

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 1 1983
PM 1:33

SUBJECT: THE NECKLES BROTHERS INC.
(Proposed corporate name - must include suffix)

ENCLOSURE
FEB 20 1983
*****28.75 *****28.75

Enclosed is an original and one (1) copy of the articles of incorporation and a 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: John N. Neckles
Name (printed or typed)
140 Ramie Lane
Address
Port St. Lucie, Florida 34952
City, State & Zip
407--878-7258
Daytime Telephone number

5/3/11

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

ARTICLES OF INCORPORATION

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:

THE NECKLES BROTHERS INC.

ARTICLE II PRINCIPAL OFFICE

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

140 RAMIE LANE, PORT ST. LUCIE, FLORIDA 34952

ARTICLE III SHARES

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

FIVE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN N. NECKLES

140 RAMIE LANE

PORT ST. LUCIE, FLORIDA

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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):

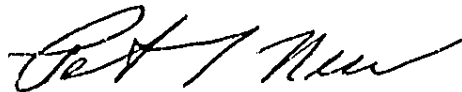
PETER L. NECKLES 18 NECKLES DRIVE, MARLBORO, NEW YORK 12542

JOHN N. NECKLES 140 RAMIE LANE, PORT ST. LUCIE, FLORIDA 34952

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

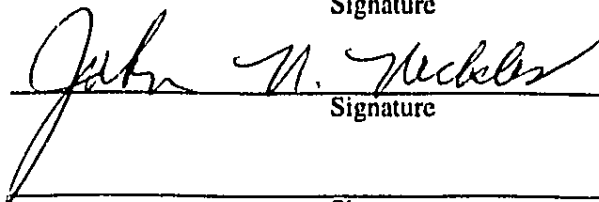
4th day of MARCH, 19 96.

(An additional article must be added if an effective date is requested.)



President

Signature



Vice President

Signature

Signature

Notarization is not required

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

**CERTIFICATE OF DESIGNATION OF
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: THE NECKLES BROTHERS INC.

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

JOHN N. NECKLES

(NAME)

140 RANIE LANE

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

PORT ST. LUCIE, FLORIDA 34952

(CITY/STATE/ZIP)

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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.

John N. Neckles
(SIGNATURE)

March 4, 1996
(DATE)