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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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				+03/T9/9501 ****131.25
SUBJECT: LIFT Associates Inc.  (Proposed corporate name - must include suffix)				
Enclosed is an origina for : \$70.00 Filing Fee	and one (1) co   \$78.75   Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	]
FROM:		F. FEE (printed or typed)  NE 28 Th A		_
		Address		
	Cit	y, State & Zip		

043/25/96

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

Daytime Telephone number

## FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLES OF INCORPORATION

#### ARTICLE I NAME

The name of the corporation shall be: LHP Associates, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

3321 NE 28th Avenue Lighthouse Point, FL 33064

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of common stock with par value of \$1.00/share.

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Edmond F. Fee 3321 NE 28th Avenue Lighthouse Point, FL 33064

#### ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Edmond F. Fee 3321 NE 28th Avenue Lighthouse Point, FL 33064

The undersigned incorporator has executed these Articles of Incorporation this 12th day of March, 1996.

Shuff tec Signature

## 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 LORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

TALLAHASSEE. FLORIDA

1. The name of the corporation	is: LHP ASSOCIATES INC.
2. The name and address of the	ne registered agent and office is:
En	NAME)
	P.O. Box of Mail Drop Box NOT ACCEPTABLE)
<u>LIC  17</u>	CITY/STATE/ZIP)

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.

2 Low 17. Fec 3/12/96.
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314