

TRANSMITTAL LETTER

896000027001

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

SUBJECT: MYRNA LEMA & ASSOCIATES, INC.
(Proposed corporate name - must include suffix)

FILED
MAR 22 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check *OK* for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Please return the photocopy to me with the filing date stamped on it.

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-03/22/96--01116--014
****131.25 ****131.25

FROM: GLORIA Z. ROSKOFF, TAX ACCOUNTANT
Name (printed or typed)

2574 Providence Blvd.

Address

Deltona, FL 32725

City, State & Zip

(904) 532-1041

Daytime Telephone Number

3/27/96
JB

Articles of Incorporation

1. The name of the corporation shall be:

MYRNA LEMA & ASSOCIATES, INC.

2. The principal place of business and mailing address of the corporation is:

126 Wilshire Blvd Suite 123

Casselberry, FL 32707

3. The corporation shall have the authority to issue 200 nvp shares of stock

4. The registered agent of the corporation is MYRNA C. LEMA and the registered street address is 126 Wilshire Blvd, Suite 123, Casselberry, Florida 32707.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: Myrna C. Lema

126 Wilshire Blvd., Suite 123, Casselberry, FL 32707

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is GLORIA Z. ROSKOFF whose street address is 2574 Providence Blvd., Deltona, FL 32725

Dated 03/21/96

Gloria Z. Roskoff
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 03/21/96

Myrna Lema
Registered Agent

FILED
96 MAR 22 PM 2:16
TAMPA
FLORIDA