CORPORATE

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95 APR - 6 724 6: 45 TALEACIAS ACTEORIDA CORPORATION INFORMATION SERVICES (Requestor's Name) 1201 Hays Street (Address) (904) Tallahassoe, FL 32301 222-9171 OFFICE USE ONLY (City, Suste, Zip) CIS Order # AUTHORIZATION #07210000003 CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Bournemouth Holdmas 1674 (4 16 - 27°) 10 (4 17) (6 17) 41 (20) (20) (3 17) (6 17) 444 (4 17) (10) (7 18) (4 18) (7 17) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) XX Walk in Pick up time Certificate of Status Mail out Will wait Photocopy W96-1355 NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other OTHER FILINGS REGISTRATION **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

CR2E031(10/92)



April 4, 1996

CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: BOURNEMOUTH HOLDINGS CORPORATION Ref. Number: W96000007355

We have received your document for BOURNEMOUTH HOLDINGS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 596A00015548

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:

Bournemouth Holdings Corporation

ARTICLE II PRINCIPAL OFFICE

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

William Woinstein President 3481 Lakeside Drive N.E. Unit 2005 Atlanta GA 30326

ARTICLE III SHARES

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

1000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CORPORATION SERVICE COMPANY 1201 HAYS STREET Tallahassee FL 32301

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):

William I. Woinstein 3481 Lakoside Dr. NE Unit 2005 Atlanta GA 30326

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 ORIDA 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:	Bournomouth Holdings Con	rporation
2. The name and address of the regist	ered agent and office is:	116 8
CORPO	RATION SERVICE COMPANY (NAME)	
	Hays Street or Mail Drop Box NOT ACCEPTABLE)	<u> </u>
	hassee FL 32301 (CITY/STATE/ZIP)	<u></u>

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 so 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.

(SIGNATURE) 4-5-96
(DATE)

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Office Use Only

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

1			
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4,	(Corporation Name)	(Docu	ment #)
□ walk in	Pick up time		Certified Copy
Mail out		<u>ГЭ</u>	Certificate of Status
Mail out	Will wait	Photocopy	Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

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77. P. V.	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Examiner's Initials

AD 10/20

* Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

undersigned corporation organized under the laws of the State of Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Beaution process the Alexander Control of the corporation is:
2. The mailing address of the corporation is: Co. Pox 4511
West Palm Beach, FC, 3, 1402
3. Date of incorporation/qualification: Little Common Document number: Common num
Correction me course Commons
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
West Poly Beach FL 33467
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board) (Date) (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) Precident. (Capacity)
(

FILING FEE: \$35.00

CR2E045(1/95)