COPY

TRANSMITTAL LETTER

P96000030780

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

SUBJECT: Wolpole Associates, Inc.
(Proposed corporate name - must include suffix)

200001718712
-03/19/96--01042--005
*****78.75 *****78.75

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: Elizabeth A. Muilman
Name (printed or typed)

8614 N.W. 50th Drive
Address

Coral Springs, FL 33067
City, State & Zip

954. 346. 9513
Daytime Telephone number

789 621 619 671
W96-6149

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

GB 4/9/96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 21, 1996

ELIZABETH A MUILMAN
8614 NW 50TH DR
CORAL SPRINGS, FL 33067

SUBJECT: WALPOLE ASSOCIATES, INC.
Ref. Number: W96000006149

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

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 396A00013088

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:

Walpole Associates, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

8614 N.W. 50th Drive
Coral Springs, Florida
33067

ARTICLE III SHARES

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

20 (twenty shares)

20 shares common, no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elizabeth A. Muilman
8614 N.W. 50th Drive
Coral Springs, Florida
33067

Article V:

Walpole Associates, Inc.
Elizabeth A. Muilman
8614 NW 50th Drive
Coral Springs, FL. 33067

Purpose: For nursing consultation and all other legal endevours.

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):

Elizabeth A. Muelman
8614 N.W. 50th Dr.
Coral Springs, FL. 33067

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

31st day of March, 19 96.

Elizabeth A. Muelman
Signature

Signature

Signature

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

COPY

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: Wolpole Associates, Inc.

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

Elizabeth A. Muilman
(NAME)

8614 N.W. 50th Drive
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Coral Springs FL. 33067
(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.

Elizabeth A. Muilman
(SIGNATURE)

Feb 29, 1996
(DATE)

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