

P96000034522

TRANSMITTAL LETTER

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

600001783936  
-04/17/96--01055--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: LYNN SNYDER & ASSOC., INC.  
(Proposed corporate name - must include suffix)

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:

CHERYL ASTERN

Name (printed or typed)

9532 SW 1ST COURT

Address

CORAL SPRINGS FL 33071

City, State & Zip

954-346-6414

Daytime Telephone number

FILED  
96 APR 17 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
4/19/96

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

## ARTICLES OF INCORPORATION

FILED

96 APR 17 AM 11:47

The undersigned incorporator(s), for the purpose of forming a corporation under the <sup>SEC. STATE</sup> ~~Florida Business~~ <sup>FLORIDA</sup> Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

LYNN SNYDER & ASSOC., INC.

### ARTICLE II PRINCIPAL OFFICE

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

9532 S.W. 1ST COURT  
CORAL SPRINGS, FL 33071

### ARTICLE III SHARES

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

100 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHERYL ASTERN  
6630 STRATFORD DR.  
PARKLAND, FL 33067

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):

CHERYL ASTERN  
6630 STRATFORD DR.  
PARKLAND, FL 33067

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

4 day of APRIL, 19 96.

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

Cheryl Astern  
Signature

\_\_\_\_\_  
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: LYNN SNYDER & ASSOC., INC.

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

CHERYL ASTERN  
(NAME)

6630 STRATFORD DR  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PARKLAND, FL 33067  
(CITY/STATE/ZIP)

FILED  
APR 17 11:14 AM '96  
TALLAHASSEE, FLORIDA

*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.*

*Cheryl Astern*  
(SIGNATURE)

4-4-1996  
(DATE)

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

P96000034522

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 13, 1997

LYNN SNYDER & ASSOC., INC.  
6630 STRATFORD DR  
PARKLAND, FL 33067 US

SUBJECT: LYNN SNYDER & ASSOC., INC.  
Ref. Number: P96000034522

Debit Memo #: 7397-O

This is to inform you that check #1042 in the amount of \$165.00 submitted with the annual report for LYNN SNYDER & ASSOC., INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after July 13, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (904) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 997A00025455

P96000034522

60000223026--4  
-07/08/97--01072--004  
\*\*\*\*180.00 \*\*\*\*180.00

July 8, 1997

REPLACEMENT FEE 1997

ANNUAL REPORT: LYNN SNYDER &  
ASSOC., INC.

DEBIT MEMO: # 7397-0

CHECK #: 1042