

P960000037421
TRANSMITTAL LETTER

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

4000001780834
-04715796--01104--000
*****78.75 *****78.75

SUBJECT: de las Olas, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and one 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

FILED
96 MAY -1 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Dinah & John R. GROUNDS John GAVE
Name (printed or typed)

4712 Ellwood Dr.
Address

Delray Bch. Fl. 33445
City, State & Zip

407-637-0669
Daytime Telephone number

AUTHORIZATION BY PHONE TO

CORRECT R.A. Incorporator

DATE 5-1-96

DOC. EXAM D. J. Smith

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

407-637-0669
5-1-96



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 18, 1996

DINAH & JOHN R. GROUNDS
4712 ELLWOOD DRIVE
DELRAY BEACH, FL 33445

SUBJECT: DE LAS OLAS, INC.
Ref. Number: W96000008376

*Translation
From the waves, Inc.*

We have received your document for DE LAS OLAS, 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):

Pursuant to chapter 628, Florida Statutes, written approval must be obtained from the Florida Department of Insurance. Written approval may be obtained from:

Florida Department of Insurance
200 E. Gaines St., Room 176
Tallahassee, FL 32399-0300

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6933.

Dana Farmer
Document Specialist

Letter Number: 496A00018200

ARTICLES OF INCORPORATION

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96 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLOR.

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:

de las Olas, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4712 Ellwood Dr.
Delray Bch. Fl. 33445

ARTICLE III SHARES

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

X 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John R. Grounds
4712 Ellwood Dr.
Delray Bch. Fl. 33445

See instructions for officers/directors

4712 Ellwood DR. Delray Bch. Fl. 33445

DINA GROUNDS
JOHN R. GROUNDS

8th day of April, 19 96.

Smith R. Grooms

Signature

John R. Harnade
Signature

Signature

Signature

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:

de las Olas, Inc.

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

John Grounds
(NAME)

4712 Ellwood DR.

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

Deley Bch. Fl. 33445
(CITY/STATE/ZIP)

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SECRETARY OF STATE
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.


(SIGNATURE)

4/8/96
(DATE)