

# TRANSMITTAL LETTER

**P 96 0000 38426**

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

000000178125419  
-04/16/96-01112-000  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: A.F.R., 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:

David W Walker  
Name (printed or typed)

P.O. Box 5010  
Address

Niceville, FL 32578  
City, State & Zip

904-897-1222  
Daytime Telephone number

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

96 APR 29 PM 2:13

FILED

496 19030

REC'D MAY 3 1996

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 23, 1996

DAVID W WALKER  
P O BOX 5010  
NICEVILLE, FL 32578

SUBJECT: A.F.R., INC.  
Ref. Number: W96000008708

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96 APR 29 AM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for A.F.R., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 496A00019030

## ARTICLES OF INCORPORATION

*The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I

The name of the corporation shall be: Advertising For Results, Inc.

### ARTICLE II

The principal place of business and mailing address of this corporation shall be: PO Box 5010, Niceville, Fl. 32578.

### ARTICLE III

The number of shares the corporation is authorized to issue is 100,000.

### ARTICLE IV

The street address of the corporation's initial registered office is 704 Caribbean Way, Niceville, Fl. 32578, and the initial registered agent of the corporation at such address is David W. Walker.

### ARTICLE V

The name and address of each incorporators is:

David Walker, PO Box 5010, Niceville, Fl. 32758.  
Laura Walker, PO Box 5010, Niceville, Fl. 32578.

The undersigned incorporators have executed these Articles of Incorporation this 26<sup>th</sup> day of April, 1996.

  
Signature

  
Signature

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96 APR 29 PM 2:13  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

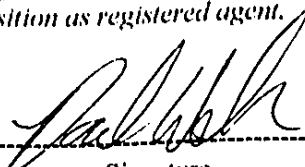
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Advertising For Results, Inc.

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

David W Walker  
704 Caribbean Way  
Niceville, FL 32578

*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  
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

4/29/96  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

96 APR 29 PM 2:13

FILED

**DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314**