

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

15 SEP - 6 PM 11:57

3 VENDOR CORPORATION

FILED-STATES
DIVISION-6
96 SEP - 6 PM 1:10

500001941289

-09/06/96--01030--028

*****70.00 *****70.00

Boca Design, Inc

☒ Profit *Articles*

☐ NonProfit

☐ Amendment

☐ Merger

☐ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS/ G/S

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

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W.P. Verifier

9/6/96

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -6 PM 1:10

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

Boca Design, Inc.

FIRST:THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS OF
SECTION 607.0401 IS:

Boca Design, Inc.

SECOND:THE ADDRESS OF THE PRINCIPAL OFFICE, AND THE MAILING ADDRESS
OF THE CORPORATION IS:

23123 STATE ROAD 7
BOCA RATON, FL 33428

THIRD:THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE
IS: ONE THOUSAND(1,000) SHARES WITH A PAR VALUE OF ONE DOLLAR (\$1.00)
DOLLAR EACH.

FOURTH:THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE
CORPORATION IS 23123 STATE ROAD 7, IN THE CITY OF BOCA RATON, FLORIDA
33428 THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS NEAL
GALBO.

FIFTH:THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF
DIRECTORS OF THE CORPORATION IS ONE(1) AND THE NAME AND ADDRESS OF THE
PERSON WHO IS TO SERVE AS DIRECTOR UNTIL THE FIRST ANNUAL MEETING OF
SHAREHOLDERS OR UNTIL HIS SUCESSORS ARE ELECTED AND SHALL QUALIFY IS:

NEAL GALBO

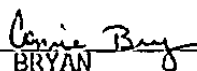
11580 ISLAND LAKES LANE
BOCA RATON, FL 33498

SIXTH:THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CONNIE BRYAN

660 EAST JEFFERSON STREET
TAIJAHASSEE, FL 32301

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS
4TH DAY OF SEPTEMBER, 1996


CONNIE BRYAN

17117 SEP 05, 1996 IDI CT CORPORATION

TEL 101 (303) 476-0150

05544

FILED STATE
REGISTERED AGENT
95 SEP -6 PM 1:11

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION
607.0501 (3) F.S.: NEAL GALDO IS FAMILIAR WITH AND ACCEPTS THE
OBLIGATIONS PROVIDED FOR IN SECTION 607.0505.

DATED SEPTEMBER 4, 1996

BY 
NEAL GALDO