

**P96000082155**

**TRANSMITTAL LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -1 AM 11:49

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

**EFFECTIVE DATE**  
9-26-96

**SUBJECT:** PERMIT PROVIDERS, INCORPORATED  
(Proposed corporate name - must include suffix)

300001961923  
-10/01/96--01185--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:** Michelle Elyers  
Name (Printed or typed)

4970 Luqui Ct.  
Address

West Palm Beach, FL 33415  
City, State & Zip

(561) 642-6444  
Daytime Telephone number

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

Q. DROWN OCT - 4 1996

EFFECTIVE DATE  
9-26-96

## ARTICLES OF INCORPORATION

FILED  
SECRETARY OF STATE  
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96 OCT -1 AM 11:50

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:

*PERMIT PROVIDERS, INC.*

### ARTICLE II PRINCIPAL OFFICE

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

*4970 Lugui Ct.  
West Palm Beach, FL 33415*

### ARTICLE III SHARES

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

*20*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Michelle Elfers  
4970 Lugui Ct.  
West Palm Beach, FL 33415*

**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):

Michelle Eifers  
4970 Luque Ct.  
West Palm Beach, FL 33415

**ARTICLE VI EFFECTIVE DATE**

PURSUANT TO SECTION 607.0203 - We would like the effective date to be within (5) business days prior to the date of filing.

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

30 day of September, 19 96.

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

Michelle Eifers  
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**

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PURJUAUNT 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: PERMIT PROVIDERS, INC.

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

Michele Elfers  
(NAME)

C/O 4970 Lugui Ct.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

West Palm Beach, FL 33415  
(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.*

Michele Elfers  
(SIGNATURE)

9/30/96  
(DATE)