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TRANSMITTAL LETTER

FILED  
OCT 10 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

100001970791  
-10/10/96--01068--017  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: DeMond Kolb and Associates, 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:

Margaret Kolb  
Name (printed or typed)

4037 White Birch Way  
Address

Orlando, FL 32817  
City, State & Zip

352-0032 Ext. 5352  
Daytime Telephone number

FILED OCT 14 1996

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

## ARTICLES OF INCORPORATION

*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: DeMond Kolb and Associates, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

DeMond Kolb and Associates, Inc.  
4037 White Birch Way  
Orlando, FL 32817

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### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five hundred (500)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Margaret Kolb  
4037 White Birch Way  
Orlando, FL 32817

**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):

Margaret R. Koeb  
4037 White Birch Way  
Orlando, FL 32817

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

7 day of October, 19 96.

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

Margaret R. Koeb  
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: DeMond Kolb and Associates, Inc.
2. The name and address of the registered agent and office is:

Margaret Kolb  
(NAME)  
4037 White Birch Way  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Orlando, FL 32817  
(CITY/STATE/ZIP)

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*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.*

Margaret R. Kolb  
(SIGNATURE)

Oct. 7, 1996  
(DATE)