

# P96000085241

## TRANSMITTAL LETTER

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

FILED  
96 OCT 15 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: The Slade Group, Inc  
(Proposed corporate name - must include suffix)

100001943191  
-05/10/96--01079--018  
\*\*\*\*131.25 \*\*\*\*131.25

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:

Slade O'Brien  
Name (printed or typed)

1700 N. Dixie Hwy Suite 137  
Address

Boca Raton FL 33432  
City, State & Zip

561-347-2888  
Daytime Telephone number

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

W96-19079

nc OCT 16 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

September 11, 1996

SLADE OBRIEN  
1700 N. DIXIE HWY.  
SUITE 137  
BOCA RATON, FL 33432

SUBJECT: THE SLADE GROUP, INC.  
Ref. Number: W96000019079

We have received your document for THE SLADE GROUP, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

The document must include original signatures.

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) 487-6067.

Neysa Culligan  
Document Specialist

Letter Number: 196A00042256

## ARTICLES OF INCORPORATION

*The undersigned incorporator, forth purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: The Slade Group, Inc.

### ARTICLE II PRINCIPAL OFFICE

1700 North Dixie Highway, Suite 137  
Boca Raton, FL 33432

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Shares.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Registered Agent	Wm. Slade O'Brien 1700 North Dixie Highway, Suite 137 Boca Raton, FL 33432
Purpose of business	The purpose of the business is to provide Public Relations and Advertising services with a special interest in Political Consulting, Fundraising and Public Opinion Strategies.

The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purposes which may become necessary profitable or desirable for the furtherance of the corporate objectives expressed above.

**ARTICLE V INCORPORATOR**

Founder & President

Wm. Slade O'Brien  
1915 Gerda Terrace  
Orlando, FL 33487

The undersigned incorporator has executed these Articles of  
Incorporation this 1st day of September, 1996

  
\_\_\_\_\_  
Signature of President & Founder

**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:

**The Slade Group, Inc.**

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

Wm. Slade O'Brien  
1700 North Dixie Highway  
Boca Raton, FL 33432

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

10/10/96  
Date

FILED  
96 OCT 15 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA