

P960000088735

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

FILED
ES OCT 25 PM 9 33

SUBJECT: ACCU-WRIGHT INFORMATION SPECIALISTS, INC.
(Proposed corporate name - must include suffix)

200001986912--0
-10/28/96--01034--011
*****78.75 *****78.75

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: Dr. Robert H. Wright
Name (Printed or typed)

1079 Black Acre Trail

Address

Winter Springs, FL 32708
City, State & Zip

(407) 695-4786

Daytime Telephone number

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

70 OCT 29 1996

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: ACCU-WRIGHT INFORMATION SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

ACCU-WRIGHT INFORMATION SPECIALISTS, INC.
Suite 445
5840 Red Bug Lake Road
Winter Springs, FL 32708-4437

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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: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dr. Robert H. Wright
1079 Black Acre Trail
Winter Springs, FL 32708

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):

Mrs. Marlo A. Wright
1079 Black Acre Trail
Winter Springs, FL 32708

Dr. Robert H. Wright
1079 Black Acre Trail
Winter Springs, FL 32708

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

17th day of October, 19 96.

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

Marlo A. Wright
Signature

Robert H. Wright
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: ACCU-WRIGHT INFORMATION specialists, Inc.

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

Dr. Robert H. Wright
1079 Black Acre Trail

Winter Springs, FL 32708 (NAME)

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

(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.

Robert H. Wright
(SIGNATURE)

17 Oct 1996
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314