# TRANSMITTAL LETTER

DIVISION OF CORPORATIONS

96 DEC -2 PH 2: 49

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

700001990817--0 -10/30/96--01084--019 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: ALL SUNCOA		<del></del>				
(Prop	osed corporate n	ame - must include suf	fix)			
Enclosed is an original a for :  \$70.00  Filing Fee	nd one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check		
		Additional Cop	kedniled )			
		<u> </u>		1		
FROM: MARGARET SCOTT						
Name (printed or typed)						
	POST OFFIC		·			
		Address				
1351671 -83353		FLORIDA 32710 ty, State & Zip				
- 23300	(407)_889-	2408				
1 11	Daytimo	Telephone number				

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 20, 1996

MARGARET SCOTT \*\*\*\*2ND MAILING\*\*\*\*\*\*\*
POST OFFICE BOX 204
CLARCONA, FL 32710

SUBJECT: ALL SUNCOAST INC. Ref. Number: W96000023353

We have received your document for ALL SUNCOAST INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SIGN THESE ARTICLES AND RETURN TO MY ATTENTION THANKS

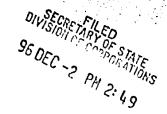
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6972.

Doris Brown Document Specialist

Letter Number: 796A00050597

### 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:

ALL SUNCOAST INC.

#### ARTICLE II PRINCIPAL OFFICE

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

7921 GILLIAM ROAD CLARCONA, FLORIDA 32710

MAILING ADDRESS: POST OFFICE BOX 204

CLARCONA, FLORIDA 32710

#### ARTICLE III SHARES

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

1,000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARGARET SCOTT 7921 GILLIAM ROAD CLARCONA, FLORIDA 32710

## 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 SCOTT & DAVID SCOTT 7921 GILLIAM ROAD CLARCONA, FLORIDA 32710

The und	ersigned i	incorporator	(s) has(have) o	executed these Articles of Incorporation this	S
17th	day of	OCTOBER		, 19 <u>_96</u> .	
(An addi	tional arti	icle must be	added if an ef	fective date is requested.)	
		x Ma	rgaret	Signature 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: ALL SUNCOAST INC. 2. The name and address of the registered agent and office is: MARGARET SCOTT (NAME) 7921 GILLIAM ROAD (P.O. Box or Mail Drop Box NOT ACCEPTABLE) CLARCONA, FLORIDA 32710 (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

Mangaret Scott 11-26-96 (SIGNATURE) (DATE)

obligations of my position as registered agent.

relating to the proper and complete performance of my duties, and I am familiar with and accept the

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