# Papartual of State TRANSMITTAL LETTER Departual of State TRANSMITTAL LETTER TRANSM

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

SUBJECT:	(proposed corporate name)	<u> </u>
Enclosed is an office \$_70.00	orlyinal and one (1) copy of the articles of incorpora	allon and our check
	. 200	00020074223 -11/19/9601020002 *****70.00 *****70.00
FROM:	ALRON ENTERPRISES INC. Name (printed or typed)  P.O. BOX 500253  Address  MALABAR, FL 32950-0253  City, State, & Zip  ( 407 ) 951-7626 Telephone Number	SECRETA DIVISION OF 96 OEC -

Note: Please provide the original and one copy of the Articles.

502. W96-24710

al 13/3/40



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC -3 PM 1:08

November 21, 1996

ALRON ENTERPRISES, INC. POST OFFICE BOX 500253 MALABAR, FL 32950-0253

SUBJECT: LIMELIGHT, INC. Ref. Number: W96000024710

We have received your document for LIMELIGHT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 696A00053012

DIVISION OF CORPORATIONS

96 DEC -3 PH 1: 08

#### ARTICLES OF INCORPORATION

<u>of</u>

#### LIMELICHT ENTERPRISES. INC.

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:

LIMELIGHT ENTERPRISES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

1717B NORTH WICKHAM RD MELBOURNE, FL 32935

#### ARTICLE III CAPITAL STOCK

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

7500

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

The name and address of the initial registered agent is:

RON GALLAGHER 390 NARRAGANSETT ST NE PALM BAY, FL 32907

### ARTICLES VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is (are):

RON GALLACHER 390 NARRAGANSETT ST NE PALM BAY, FL 32907

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this <u>lst</u> day of <u>MOVEMBER</u>, 1999.

Signature(s) of Incorporator(s)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: I TMKL IGHT ENTERPRISES, INC.	
2.	The name and address of the registered agent and office is:	BIVISION OF DEC
	RON GALLACHER	品 器
	(NAME)	
	390 NARRAGANSETT ST NE	PA PA
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	1: 08
	PALM BAY, FL 32907	
	(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.

SIGNATURE (

DATE 11/1/96