TRANSMITTAL LETTER

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



| . 931 | (12) | | AUR | in 3 |
|------------------------------|-----------------------------|--------------------------------|--|------------------------------------|
| SUBJECT: LOIS | KEIRNS & ASSOC | LATES, INC | <u> </u> | |
| (P | roposed corporate n | ame - must include suf | | ~~~~ |
| | | | 70000206 -01/22/97- *****78.7 | 38873 -01035011 5 *****78.75 |
| Enclosed is an original for: | and one (1) copy | of the articles of i | ncorporation and a | check |
| \$70.00 | X \$78.75 | \$122.50 | \$131.25 | |
| Filing Fee | Filing Fee & Certificate | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate | |
| FROM: | LOIS KEIRNS | | | |
| | Name (printed or typed) | | | |
| | 13550 COUNTY | | | |
| | | | | |
| | ST. AUGUSTIN | E, FL. 32092 | | |
| | Ci | ty, State & Zip | | |
| | | | | |

(904)810--2017

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

Daytime Telephone number



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:

LOIS KEIRNS & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

13550 COUNTY RD. 13 N

ST. AUGUSTINE, FL. 32092

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LOIS KEIRNS 13550 COUNTY RD. 13N ST. AUGUSTINE, FL. 32092

ARTICLE V INCORPORATOR(S)

| The name(s) a | and street address(es) of the incorporator(s) to these Articles of Incorpora- |
|---------------|---|
| tion is(are): | LOIS KEIRNS |
| | 13550 COUNTY RD. 13 N |

ST. AUGUSTINE, FL. 32092

GARY L. KEIRNS 13550 COUNTY RD. 13 N ST. AUGUSTINE, FL. 32092

| da ⁻ da | y of January | , 19 <u>97</u> . | |
|--------------------|--------------|------------------|--|
| Lois | Gurns & | resident | |
| Say Fel | | V.P. | |

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

| | • | (City/State/Zip) | |
|----|----------------------------------|-------------------------------|-----------------|
| | ST. AUGUSTINE, FL | . 32092 | |
| | (P.O | DA. 1 | |
| | 13550 COUNTY RD. 1 | 13 N | 92 · 8 |
| | | (Name) | |
| | LOIS KEIRNS | | 2 1 |
| 2. | The name and address of the reg | gistered agent and office is: | 97 JAN SECRE |
| 1. | The name of the corporation is:_ | LOIS KEIRNS & ASSOCIAT | CES, INC. |
| | | | |

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.

Sais Leurns 1/15/97
(Signature) (Date)