P97000008046

31856	uestor's Name DU ARDS Rd Address CROE JP 34981 Zip Phone #	70002044607——9 -01/03/9?01101017 ****122.50 ****122.50 Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. (Corporation Name) (Document #)		
	,	
3(Corp.	oration Name) (E	Document #)
4.		
(Corp	oration Name) (I	Document #)
☐ Walk in	1	
Mail out	Will wait Photocopy	□ Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Dir	ector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	<u></u>
Other	Метдет	
OTHER FILINGS Annual Report	REGISTRATION/A QUALIFICATION	02 04 1981
Fictitious Name	Foreign	XXXX
Name Reservation	Limited Partnership	V ./ V
	Reinstatement	W. 127
	Trademark	M1, /V8/~ ,
	Other	/ / \\rangle '\
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 9, 1997

DEBORAH A. CROUSE 3185 EDWARDS RD FT PIERCE, FL 34981

SUBJECT: CONNER CONSULTANTS, INC.

Ref. Number: W9700000549

We have received your document for CONNER CONSULTANTS, 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):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 697A00001161

PAMELA HALL
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314
JANUARY 15, 1997

SUBJECT:

CONNER CONSULTANTS, INC.

REVISED DOCUMENTS

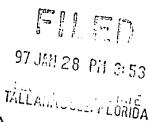
ENCLOSED PLEASE FIND AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION.
ALSO ENCLOSED IS A COPY OF YOUR LETTER DATED JAN 9, 1997.

FROM:

CONNER CONSULTANTS, INC. 3185 EDWARDS ROAD FORT PIERCE, FL 34981 (561) 461-2927

ARTICLES OF INCORPORATION

OF



CONNER CONSULTANTS, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

CONNER CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3185 EDWARDS ROAD FORT PIERCE, FL 34981

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

25,000 COMMON \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

DEBORAH A. CROUSE 3185 EDWARDS ROAD FORT PIERCE, FL 34981

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLE OF INCORPORATION IS(ARE):

DEBORAH A. CROUSE 3185 EDWARDS ROAD FORT PIERCE, FL 34981

IGNATURE / TITLE

CERTIFICATE OF DESIGNATION

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:

CONNER CONSULTANTS, INC.

2. THE NAME OF THE REGISTERED AGENT AND OFFICE IS:

DEBORAH A. CROUSE 3185 EDWARDS ROAD FORT PIERCE, FL 34981

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(CORPORATE OFFICER)

TITLE PRESIDENT

DATE JAN 15, 1997

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 JAN 15 1992