

D92000020038

Martha Cleaver

Requestor's Name

215 S. Monroe St

Address

Tulsa, FI

City/State/Zip

Phone #

222-3533

DUPLICATE FILED  
97 MAR -4 PM 4:54

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FAPA Service Corporation  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

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**ARTICLES OF INCORPORATION  
OF  
FAPA SERVICE CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAR -1 PM 4:56

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

**ARTICLE I**

**Name**

The name of this Corporation shall be **FAPA SERVICE CORPORATION**.

**ARTICLE II**

**Purpose**

This Corporation shall be organized for the purpose of engaging in any business which is lawful under the laws of the State of Florida.

**ARTICLE III**

**Agent**

The registered agent of this Corporation shall be **Martha W. Cleaver**. The address of the registered agent shall be **215 South Monroe Street, Tallahassee, Florida 32301**.

**ARTICLE IV**

**Existence**

This Corporation shall have perpetual existence.

**ARTICLE V**

**Address**

The initial street address of the principal office of this Corporation shall be **215 South Monroe Street, Second Floor, Tallahassee, Florida 32301**.

## ARTICLE VI

### Capital Stock

The authorized capital stock of this Corporation shall consist of 6,700 shares of voting common stock having a par value of ten cents (\$0.10) each.

## ARTICLE VII

### Preemptive Rights, Cumulative Voting

Holders of the capital stock of the Corporation shall have the preemptive right to purchase any new shares of stock or securities, or rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

## ARTICLE VIII

### Directors

This Corporation shall have no less than three directors (3) nor more than seven (7). The number on the Board shall be set from time to time by the Board of Directors of the Corporation, or by the stockholders at an annual or special meeting thereof. The initial Directors of the Corporation shall be as follows:

| <u>Name</u>                 | <u>Address</u>   |
|-----------------------------|--|
| David C. Nolte, Director    | 1840 25th Street<br>Vero Beach, FL 32960                     |
| Morgan Gilreath, Director   | 123 W. Indiana, 1st Floor<br>DeLand, FL 32720-4270           |
| Ernie Mastroianni, Director | 231 East Forsyth Street, Suite 270<br>Jacksonville, FL 32202 |

## ARTICLE IX

### Incorporator

The name and address of the Incorporator is: **H. W. Suber, 1101 E. 1st Street  
County Services Building, Sanford, FL 32771.**

## ARTICLE X

### Officers

The officers of the Corporation shall be a president, vice president, secretary/treasurer, and such other officers or agents as may be appointed by the Board of Directors. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or determined by the Board of Directors. The names of the initial officers are as follows:

| <u>Office</u>       | <u>Name</u>        |
|---------------------|--------------------|
| President           | H. W. "Bill" Suber |
| Vice President      | Ronnie Hawkins     |
| Secretary/Treasurer | Charles E. Hackney |

## ARTICLE XI

### Indemnification

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees, judgments, fines and amounts paid in settlement) actually and reasonably incurred by him in connection with such action, suit or proceeding, including appeals, to the full extent permitted under Chapter 607, Florida Statutes, or its successor statute.

Indemnification as provided hereunder shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of his heirs, executors, administrators and assigns.

IN WITNESS WHEREOF, I, the undersigned Incorporator, hereby set my hand and seal this 4th day of March, 1997 for the purpose of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of the State in the State of Florida the Certificates of Incorporation and certify that the facts herein stated are true.

  
H. W. Suber, Incorporator

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared H.W. Suber, and being first duly sworn and upon his oath, stated that she signed the above Articles of Incorporation for the conditions and purposes therein expressed this 4th day of March, 1997.

Martha Warren Cleaver

NOTARY PUBLIC - STATE OF FLORIDA



Martha Warren Cleaver  
MY COMMISSION # CCS35722 EXPIRES  
March 30, 2000  
BONDED THRU TROY FARM INSURANCE, INC.

Martha Warren Cleaver  
PRINTED NAME OF NOTARY; COMMISSION  
NUMBER AND EXPIRATION OF  
COMMISSION

Personally known to me X  
or produced the following identification: \_\_\_\_\_

**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: FAPA SERVICE CORPORATION.
2. The name and address of the registered agent and office is:

Martha W. Cleaver  
(NAME)

215 South Monroe Street, Second Floor  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32301  
(CITY/STATE/ZIP)

SIGNATURE [Signature]  
TITLE Incorporator  
DATE March 4, 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 [Signature]  
DATE March 4, 1997  
REGISTERED AGENT FILING FEE: \$35.00

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OFFICE