P9700039848 TRANSMITTAL LETTER

OIVISION OF CORPORATIONS

97 MAY - 1 PM 3: 00

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

\$____75.00____

SUBJECT: TRA. R. MIERONDER + ASSOCIATES FIC

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for

	8000	002161 05/01/970	7883
FROM:		*****75.00	*****75.0D
	Ins. R. Micannoce		
_	Name (printed or typed)	-	,
_	2070 Grove Blust Ross		• •
_	Address		
_	Melesonsville 7ec- 32259 City, State, & Zip	_	·. 1
			. •*

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

ARTICLES OF INCORPORATION 97 MAY - 1 PM 3:00

OF

IRA R. ALEXANDER AND ASSOCIATES 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 1 NAME

The name of the corporation shall be:

IRA R. ALEXANDER AND ASSOCIATES INC.

ARTICLE II PRINCIPAL OFFICE

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

2070 Grove Bluff Road Jacksonville Florida 32259

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ira R Alexander 2070 Grove Bluff Road Jacksonville Fla. 32259

ARTICLE V INCORPORATOR(S)

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

Ira R Alexander 2070 Grove Bluff Road Jacksonville Fla. 32259

The undersig	ned incorporator(s) has(have) executed these Articles of Incorporation this
	1day of
	Signature
-	Signature
_	Signature

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.

1. The name of the corporation is: That f. Micrordox & Associate	es to
2. The name and address of the registered agent and office is:	-
FRA. R. MEXOMOCN	
2070 Grove Bluers Nost	
(P.O. Box not acceptable)	
Theleconville 7h 32259	

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.

(City/State/Zip)

(Signature)/