

P 97000041978

FILED

97 MAY -8 PM 2: 49

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

SUBJECT: BOKAY MANUFACTURING INC.  
(PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION AND OUR CHECK FOR \$122.50.

FROM: STEVEN ALFORD  
NAME (PRINTED OR TYPED)  
901 KIRBY STREET  
ADDRESS  
PALATKA, FLORIDA 32177  
CITY, STATE, & ZIP  
(904) 328-4513  
TELEPHONE NUMBER

600002170996--3  
-05/08/97--01043--017  
\*\*\*\*122.50 \*\*\*\*122.50

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

BH  
5/12/97

**ARTICLE VII**

THE DATE AND TIME OF THE COMMENCEMENT OF THE CORPORATE EXISTENCE SHALL BE THE DAY OF THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

**ARTICLE VIII**

THE OFFICERS OF THIS CORPORATION SHALL CONSIST OF A PRESIDENT, SECRETARY, AND TREASURER, EACH OF WHOM SHALL BE APPOINTED BY THE BOARD OF DIRECTORS. SUCH OTHER OFFICERS AND ASSISTANTS AND AGENTS AS MAY BE DEEMED NECESSARY MAY BE ELECTED OR APPOINTED BY THE BOARD OF DIRECTORS FROM TIME TO TIME.

**ARTICLE IX**

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) OF THESE ARTICLES OF INCORPORATION IS:

STEVEN ALFORD RT 1 BOX 267 K SAN MATEO, FLORIDA 32187  
FRANCES ALFORD RT 1 BOX 267 K SAN MATEO, FLORIDA 32187

THE UNDERSIGNED INCORPORATOR(S) HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 5TH DAY OF MAY 1997.

✓   
SIGNATURE

X   
SIGNATURE

FILED

97 MAY -3 PM 2:49

TALLAHASSEE, FLORIDA

**REGISTERED AGENT'S ACCEPTANCE:**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS APPLICATION, 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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
NAME: \_\_\_\_\_

RT 1 BOX 267 K \_\_\_\_\_  
ADDRESS

SAN MATEO, FLORIDA 32187 \_\_\_\_\_  
CITY, STATE, ZIP