

P97000051559

TRANSMITTAL LETTER

97 JUN 11 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Springer, Inc.
^{ENTERPRISES}
(Proposed corporate name - must include suffix)

600002197976--4
-06/02/97--01108--017
****131.25 ****131.25

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: LESLIE J. WILKINSON
Name (printed or typed)

P.O. Box 1710
Address

LABELLE, FLA 33975
City, State & Zip

941-675-0775
Daytime Telephone number

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

WJW 7/13/97
PK 6/14/97
PK 6/14/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 4, 1997

LESLIE J. WILKINSON
P O BOX 1710
LABELLE, FL 33975

SUBJECT: SPRINGER, INC.
Ref. Number: W97000013045

ENTERPRISES

We have received your document for SPRINGER, INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 997A00030150

*NAME AS FOLLOWS
Springer Enterprises, Inc.*

ARTICLES OF INCORPORATION

FILED

97 JUN 11 PM 12:00

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:

Springer Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1710
LABELLE, FLA. 33975

ARTICLE III SHARES

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

500 NO-PAR

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LESLIE JAYNE WILKINSON
c/o H & L FARMS
CHARLOIS RD
MOSE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

William C. Hughes

3613 Largo Dr
miramar, FL 33023

Vicki L. Hughes

3613 Largo Dr.
miramar, FL 33023


LESLIE J. WILKINSON

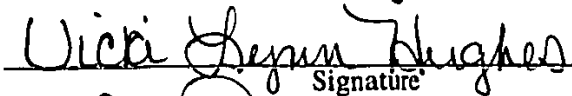
P.O. Box 1710
LABELLE, FLA 33975


The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of MAY, 19 97.

(An additional article must be added if an effective date is requested.)


Signature


Signature


Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED

97 JUN 11 PM 12:00

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: SPRINGER Enterprises, Inc.

2. The name and address of the registered agent and office is:

Leslie Jayne Wilkerson
(NAME)
C/O H & L FARMS
CHARLOIS RD
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
MUSE, FLORIDA
(CITY/STATE/ZIP)

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.

Leslie Wilkerson
(SIGNATURE)

5/20/97
(DATE)