

January 9, 1997

400002396884--1 -01/12/98--01056--015 \*\*\*\*122.50 \*\*\*\*122.50

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

RE: ALMIKE ENTERPRISES, INC.

Enclosed please find the original and one copy of Articles of Incorporation of Almike Enterprises, Inc. Also enclosed is our check in the amount of \$122.50 which includes the Filing Fee of \$35.00, Registered Agent fee of \$35.00 and certified copy of Articles of Incorporation, \$52.50.

Please make the effective date of this corporation January 1, 1998.

Yours truly,

Larry M. Provencal Encls.

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# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 13, 1998

ALMIKE ENTERPRISES, INC. 6254 POWERS AVENUE #639 JACKSONVILLE, FL 32217

SUBJECT: ALMIKE ENTERPRISES, INC.

Ref. Number: W98000000854

We have received your document for ALMIKE ENTERPRISES, 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of 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 (850) 487-6933.

Dana Calloway Document Specialist

Letter Number: 798A00001975

# ARTICLES OF INCORPORATION

OF

#### ALMIKE ENTERPRISES, 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 I NAME

The name of the corporation shall be ALMIKE ENTERPRISES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

6254 POWERS AVE. #639 JACKSONVILLE, FL 32217

#### ARTICLE III EFFECTIVE DATE

The effective date of this corporation shall be January X, 1998.

#### ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 5,000 shares. The shareholders are authorized to issue "Section 1244" stock as defined by Section 1244 of the Internal Revenue Code.

# ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LARRY M. PROVENCAL 6254 POWERS AVE. #639 JACKSONVILLE, FL 32217

## ARTICLE VI INCORPORATOR(S)

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

LARRY M. PROVENCAL 6254 POWERS AVE. #639 JACKSONVILLE, FL 32217

## ARTICLE VII AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be at a stockholders meeting by a majority of the stock entitled to vote thereon, unless all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

#### ARTICLE VIII PURPOSE

The purpose of this corporation is to carry on any legal activity.

The undersigned has (have) executed these Articles of Incorporation this 9th day of January, 1998.

That I MES.	
Signature/Title	
Signature/Title	-
Signature/Tile	

# 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/agent in the state of Florida.

1.	The	name	of t	he	corp	orat	ion	is:	ALMIK	Œ	ENTER	PRIS	ES,	INC.	_
2.	The	name	and	add	ress	of	the	reg	istere	≥d	agent	and	off	ice	is:
	LARI	RY M.	PROV	ENC	AL		<del></del>								-
	6254	POW	ERS_A	<u>VE.</u>	#639	<del>)</del>									-
	<u>JACI</u>	KSONV	ILLE,	, FI	32	217									-
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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	In Mil	
DATE	1-9-98	_

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SEGRETAKE STATE
TALLAHASSEF STATE