# 098000106598

#### TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 B DEC 21 M 9: 02
ALLAHASSEE, FLORIGA

SUBJECT: NORMAN ENTERBRISES, INC. (proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for  $\$_{87.50}$ 

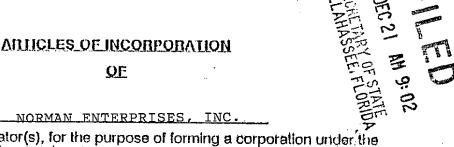
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FROM:

SHARON H. NORMAN
Name (printed or typed)
405 W. GEORGIA STREET
Address
STARKE, FL. 32091
City, State, & Zip
( 904 ) 964-2209
Telephone Number

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

50,004



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:

NORMAN ENTERPRISES, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

405 W. GEORGIA STREET STARKE, FL. 32091

#### ARTICLE III SHARES

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

100 SHARES OF COMMON STOCK, EACH HAVING A PAR VALUE OF ONE DOLLAR (\$1.00)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHARON H. NORMAN 405 W. GEORGIA STREET STARKE, FL. 32091

### ARTICLE V INCORPORATOR(S)

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

SHARON H. NORMAN 405 W. GEORGIA STREET STARKE, FL. 32091

The undersigned incorporator(	(s) has(have) execu	ited these Articles of Incorp	oration this
day of .	DECEMBER	, 19 _98	
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Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: NORMAN ENTERPRISES, INC.			
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2.	The name and address of the registered agent and office is:			
	. SHARON H. NORMAN	98 SE SE		
	(NAME)			
	405 W. GEORGIA STREET	ARY SSE	Caring I	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	FF S		
	STARKE, FL.32091	91 02 STATE LORIG		
	. (CITY/STATE/ZIP)	P	•	

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 SUGNOU SI MORMAN

DATE DECEMBER 1, 1998