

TRANSMITTAL LETTER

P98000106799

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

300002718879--7  
-12/22/98--01052--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: DESIGNERS WORKSHOP OF JAX, INC.  
(Proposed corporate name -- must include suffix)

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

Please return the photocopy to me with the filing date stamped on it.

FROM: DESIGNERS WORKSHOP OF JAX, INC.

Name (printed or typed)

2610 UNIVERSITY BLVD. W.  
Address

JACKSONVILLE, FL. 32217  
City, State & Zip

904-731-4494  
Daytime Telephone Number

FILED  
98 DEC 22 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. CHESSE

DEC 2 8 1998

# Articles of Incorporation

1. The name of the corporation shall be:

DESIGNERS WORKSHOP OF JAX, INC.

2. The principal place of business and mailing address of the corporation is

2610 UNIVERSITY BLVD. W.  
JACKSONVILLE, FL. 32217

3. The corporation shall have the authority to issue 500 shares of stock.

4. The registered agent of the corporation is LISA HARDISON and the registered street address is 2610 UNIVERSITY BLVD. W. JACKSONVILLE Florida 32217.

5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows:

<u>LISA HARDISON</u>	<u>TROY HARDISON</u>
<u>2610 UNIVERSITY BLVD. W.</u>	<u>2610 UNIVERSITY BLVD. W.</u>

<u>JACKSONVILLE, FL. 32217</u>	<u>JACKSONVILLE, FL. 32217</u>
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The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is LISA HARDISON whose street address is 2610 UNIVERSITY BLVD. W. JACKSONVILLE, FL. 32217

Dated 12/21/98

Lisa Hardison  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 12-21-98

Lisa Hardison  
Registered Agent

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98 DEC 22 AM 11:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE