

P98000108076

TRANSMITTAL LETTER

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

800002724568--9
-12/29/98-01027-006
****122.50 *****78.75

SUBJECT: NO Xclosures Inc.
(Proposed corporate name - must include s.l. (fix))

FILED
98 DEC 29 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FROM: Thomas Fisher
Name (printed or typed)

2604 Hardwick Blvd
Address

Jacksonville, FL 32246
City, State & Zip

904-249-6440
Daytime Telephone number

SHARON

DEC 30 1998

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

ARTICLES OF INCORPORATION

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:

NO ~~EX~~CLUSIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

2309 BEACH BLVD.

JACKSONVILLE BEACH FL 32250

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THOMAS FISHER

2604 SWAN HARDWICK BLVD

JACKSONVILLE FL 32246

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Pres- Thomas Fisher - 2604 Sam Hardwick Blvd
Jacksonville FL 32246

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

20 day of DEC 19 98.


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: NO XCLUSIONS, Inc.

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

THOMAS FISHER
(Name)

2604 Sam Hardwick Blvd
(P.O. Box not acceptable)

JACKSONVILLE FL 32246
(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.

Thomas Fisher
(Signature)

20/DEC/98
(Date)