Schlachta and Associates, Inc.

## P9900006293

Florida Department of State PO Box 6327 Tallahassee, Fl. 32314

Re: Schlachta and Associates, Inc.

Gentlemen:		:8
Enclosed please find the original and one copy of the article my check in the amount of \$122.50.		'5 -
This represents the cost of the Filing Fees, Certified Copy and fee for Registered Agent designation for the above name	of the Articles of Incorporation, med corporation.	
Very truly yours,	99 JAN 22 AM 8: 16  NUMBER OF STATIONS TALLAMASSEE, FLORIDA	
	X Mem Mach 1-10-99 Steven D. Schlachta	
	Schlachta and Associates, Inc.	-

MAILING ADDRESS OF THE CORPORATION

327 SOUTHWEST 40 TH. TERRACE GAINESVILLE, FL 32607 TELEPHONE 352-318-1829

## ARTICLES OF INCORPORATION

		of	
	SCHLACHTA AND AS	SOCIATES, INC.	
	(nar	ne of corporation)	
The unders the following ar	signed acting as the incorporators of a corticles of incorporation for such corporation	poration under the Florida Busines	s Corporation Act, adopt(s)
The name of	of the corporation is:	I - CORPORATE NAME	99 JAN 2
	SCHLACHTA AND A	ASSOCIATES, INC.	S
This corpor	ARTIC ration shall exist perpetually unless dissol	LE II - DURATION  ved according to Florida law.	AH 8: 16 BE, FLORIDA
	ARTIC	LE III - PURPOSE	
The corpora United States and	ation is organized for the purpose of enga I the State of Florida.		ermitted under the laws of the
	ation is authorized to issuesh	IV - CAPITAL STOCK  ares of common stock, par value \$  ITIAL PRINCIPAL OFFICE  f different, the mailing address is:	1.00 per share.
STREET ADDRI		, a : 500	M
	327 SOUTHWEST 40 th TERRACE		
CITY	GAINESVILLE		
Mailing add	dress, if different	FLORIDA	ZIP 32607
STREET ADDRE		· ·	
	SAME	· · · · · · · · · · · · · · · · · · ·	-
CITY		TI ODD	The same and the
	A DETYCH THE TOTAL THE	FLORIDA	ZIP
		GISTERED OFFICE AND AGE	
The street a	ddress of the initial registered office a	nd the name of the initial registe	ered agent at the office is:
NAME	STEVEN D. SCHLACHTA		
ADDRESS	327 SOUTHWEST 40 th TERRACE		
CITY	GAINESVILLE	FLORIDA	ZIP 32607

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

	on shall have <u>THREE</u> ( iminished from time to time by the By al director(s) of the correction are a		The number of directors may be an one (1). The names and
addresses of the initi	al director(s) of the corporation are as	follows:	
NAME (P)	STEVEN D SCHLACHTA		
ADDRESS	327 SOUTHWEST 40th TERRACE		#***
CITY	GAINESVILLE	STATE FL	ZIP 32607
NAME $(\bigvee)$	JAMES B. SCHLACHTA		- 15
ADDRESS	327 SOUTHWEST 40 th TERRACE		
CITY	GAINESVILLE	STATE FL	ZIP 32607
NAME (T)	SHAUN P HERNESS		*AL
ADDRESS	3555 HIGHLAND FAIRWAYS BLVD		
CITY	LAKELAND	STATE <sub>FL</sub>	ZIP 33810
The names and addre	ARTICLE VIII.	I - INCORPORATORS  Articles of Incorporation are as	follows:
NAME	STEVEN D. SCHLACHTA		
ADDRESS	327 SOUTHWEST 40 th TERRACE		
CITY	GAINESVILLE	STATE FL	- ZIP 32607
NAME	JAMES B. SCHLACHTA		
ADDRESS	327 SOUTHWEST 40 th TERRAC	E	45.
CITY	CAINESVILLE	STATE FL.	ZIP #0¢) & <65
NAME		1	- 32607 37
ADDRESS			
CITY		STATE	ZIP
he undersigned inc	corporator(s) have executed these A	rticles of Incompretion this	TWENTY SECOND
_	DECEMBER		TVILLYII OLICAYD
	<u>.</u>	X Ston Robbett	(Signature)
		X Jonn Schloche	(Signature)
	_		(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Schlachta and ASSOCIATES, INC.	DIVIJON OF SELF SRAT TALLAHASSEE, FLORI	99 JAN 22 AM 8: 1	
(name of corporation)	ONS	ੱ	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submit The above corporation, organized under the laws of the State of Florida with its reg as indicated in the Articles of Incorporation at327 SOUTHWEST 40 th TERRACE	ted: sistered o	office	- · · ·
GAINESVILLE, FL. 32607 has named STEVEN D SCHLACHTA	·		- us -
located at the aforesaid address, as its registered agent to accept service of process v	within th	is	

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.

Stan Mat

state.

January 10 1999