P440445093

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

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SUBJECT:	BOHIC TOF Florida, Inc. (Proposed corporate name - must include suffix)		
Enclosed is an origina \$70.00 Filing Fee	l and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee	S87.50 Filing Fee, Certified Copy & Certificate of
FROM: Louis M. Meiners, Jr. Meiners & Co., CPA s, PC		-	

Meiners & Co., CPA's, PC

10_W. Market St., 1720 Market Tower

Address

Indianapolis, IN 46204

City, State & Zip

(317)951-1000

Daytime Telephone number

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

 N_{ω_1}

SECRETARY OF STATE DIVISION OF CORPORATIONS
99 FEB 12 PM 3:56

7-16

ARTICLES OF INCORPORATION OF BOHIC of Florida, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: BOHIC of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2740 Buckthorn Way, Naples, FL 34105

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Stephen P. Hokanson at 2740 Buckthorn Way, Naples, Florida 34105

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to the	
Stephen F. Hokanson at 2740 Buckthorn Way, N	aples, Florida 34105
Stepley P. Hohawoon	2/9/99
Signature/Incorporator	Date

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/Registered Agent

Date