

99000027953

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

900002819979--3  
-03/26/99--01066--021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DMJ & Associates, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 3/26

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
99 MAR 26 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

T. SMITH MAR 26 1999

**ARTICLES OF INCORPORATION**

of

**DMJ & ASSOCIATES, INC.**

FILED  
99 MAR 26 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporators, desiring to form a corporation for profit pursuant to the Florida Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

**ARTICLE I**

**NAME**

The name of this corporation is DMJ & ASSOCIATES, INC.

**ARTICLE II**

**ADDRESS OF PRINCIPAL OFFICE**

The principal office and street address of this corporation is 624 Crooked Pine Court, Apopka, Florida 32712.

**ARTICLE III**

**CAPITAL STOCK**

This corporation is authorized to issue one thousand (1,000) shares of capital stock, which shall be designated Common Shares with a par value of One and No/100 Dollars (\$1.00)

**ARTICLE IV**

**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 624 Crooked Pine Court, Apopka, Florida 32712, and the name of the initial registered agent of this corporation at that address is John J. McAuliffe.

[illegible]

- 
- Figure 1 is a schematic representation of the experimental design. It shows a sequence of events: Pretest, Training, and Test. Each event is represented by a horizontal bar. The Pretest bar is solid black, and the Training bar is hatched. The Test bar is solid black. The sequence is: Pretest (Pretest 1, Pretest 2) → Training (Training 1, Training 2) → Test (Test 1, Test 2). Arrows indicate the flow from Pretest to Training to Test. A legend indicates that Pretest is represented by a solid black bar and Training by a hatched bar.

100

Temperature (°C)	Rate of reaction
0	0
10	2
20	5
30	8
40	10
50	9
60	8
70	7
80	6
90	5
100	0

10. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

10

1

ffice

## ES. O:

**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: DMJ & ASSOCIATES, INC.

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

John J. McAuliffe

(Name)

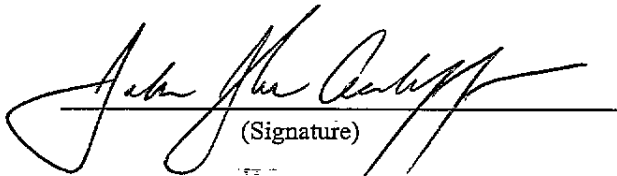
624 Crooked Pine Court

(P. O. Box not acceptable)

Apopka, Florida 32712

(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.*

  
(Signature)

3/22/99

(Date)

99 MAR 26 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED