

P99000030442

Electronic Filing Menu

Corporate Filing  
Division of Corporations

Public Access Help

Public Access System  
Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H99000007863 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 922-4001

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

**FILED**  
99 APR -2 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

**PARITY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

4

H99000007863  
ARTICLES OF INCORPORATION

OF

PARITY, INC.

*These Articles are in compliance with Chapter 607, F*

Article I

The name of this corporation shall be:

PARITY, INC.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 10374 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is 10,000 shares, having an individual par value of \$.01

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: DAVID S. LOPATE  
10374 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY,  
1492 WEST FLAGLER STREET, #200, MIAMI, FL 33135, (305) 541-3694

H99000007863

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 APR -2 AM 11:06

FILED

H99000007863

Article VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

DAVID S. LOPATE

10374 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

WILLIAM K. SEAGRAVE

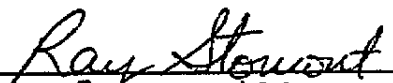
10374 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC.  
1492 WEST FLAGLER STREET #200  
MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this 2ND day of APRIL, 1999.

  
\_\_\_\_\_  
Incorporator  
Ray Stormont, President  
Signing for  
Empire Corporate Kit of America, Inc.

H99000007863

H99000007863

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits, organized under the statement in designating the registered office/registered agent, in the state of Florida.

First that PARITY, INC.  
(Name of Corporation)  
desiring to organize under the laws of the State of FLORIDA  
(Florida)  
with its principal office, as indicated in the articles of  
incorporation has named DAVID S. LOPATE  
(Name of Registered Agent)  
located at 10374 WEST SAMPLE ROAD  
City of CORAL SPRINGS County of BROWARD  
(City) (County)

State of Florida, as its agent to accept service of process within this state.

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 THE 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

*David S Lopate*

Registered Agent

**FILED**

99 APR -2 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H99000007863