## P99000034012

415 W. MAGNOLIA AVENUE \* MERRITT ISLAND, FLORIDA 32952 \* PHONE 452-5854

April 6,1999

Florida Department of State Division of Corporations PO Box 6327 Tallahassee,F1 32314

400002836114--1 -04/12/99--01091--018 \*\*\*\*122.58 \*\*\*\*\*78.75

re: Bobham, Inc.

Dear Sir:

Enclosed please find the original and one copy of the Articles of Incorporation, together with a check in the amount of \$122.50 for the above corporation.

This represents the cost of the filing fee, certified copy of Articles of Incorporation, and fee for registered agent designation for the above named corporation.

Very truly yours,

Gerald K. Atchison

GKA/gaa cc encl SECRETARY OF STATE

WISION OF CORPORATIONS

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## ARTICLES OF INCORPORATION

of

Bobha	m Inc.		
(r	name of corporation)		-
The undersigned acting as the incorporators of a che following articles of incorporation for such corpora		ss Corporation Act, a	dopt(s)
		99	Ēć.
ARTICL	E I - CORPORATE NAME	APR	る。
The name of the corporation is:		~	유동교
	m Inc.	- =	COR LE
	***	<del></del>	25.5 25.5
ART	TICLE II - DURATION	10: 31	ATION
This corporation shall exist perpetually unless dis	ssolved according to Florida law.		· e
AR.	TICLE III - PURPOSE		
The corporation is organized for the purpose of e United States and the State of Florida.	ngaging in any activities or business	permitted under the	laws of the
ARTIC  The corporation is authorized to issue100	CLE IV - CAPITAL STOCK _shares of common stock, par value	:\$_1.00_	per share.
ARTICLE $V$ The street address of the initial principal office as	- INITIAL PRINCIPAL OFFICE nd, if different, the mailing address is	s:	
STREET ADDRESS	· · · · · · · · · · · · · · · ·		-
101 W. Hwy. 434			
CITY Longwood	FLORIDA	ZIP 327	50
Mailing address, if different			
STREET ADDRESS			
			<del>-</del>
CITY	FLORIDA	ZIP	-
ARTICLE VI - INITIA	L REGISTERED OFFICE AND A	<i><b>IGENT</b></i>	
The street address of the initial registered of	fice and the name of the initial reg	gistered agent at the	e office is:
NAME Gerald K. Atchison			
ADDRESS 415 Magnolia Ave.			
CITY Merritt Island	FLORIDA	ZIP 329	52
11022230 202040			

NAME	Hamid Davoodian		
ADDRESS	2216 Farglen	· · · · · · · · · · · · · · · · · · ·	
CITY	Winter Park	STATE F1.	ZIP 32792
NAME	Chirag Patel	- · · · · · · · · · · · · · · · · · · ·	
ADDRESS	101 W Hwy. 434	·	-
CITY	Longwood	STATE F1.	ZIP 32750
NAME			
ADDRESS	-		
CITY		STATE	ZIP
NAME	Hamid Davoodian	-	**
NAME ADDRESS	Hamid Davoodian		
		STATE F1.	ZIP 32792
ADDRESS	2216 Farglen	STATE F1.	ZIP 32792
ADDRESS	2216 Farglen Winter Park	STATE F1.	ZIP 32792
ADDRESS CITY NAME ADDRESS	2216 Farglen Winter Park Chirag Patel	STATE F1.	ZIP 32792
ADDRESS CITY NAME ADDRESS CITY	2216 Farglen Winter Park Chirag Patel 101 W. Hwy. 434	OTTANIS.	<del></del>
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ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY The undersig	2216 Farglen Winter Park Chirag Patel 101 W. Hwy. 434 Longwood med incorporator(s) have executed the	STATE F1.	ZIP 32792 ZIP _
ADDRESS CITY NAME ADDRESS CITY NAME ADDRESS CITY CITY	2216 Farglen Winter Park Chirag Patel 101 W. Hwy. 434 Longwood med incorporator(s) have executed the	STATE F1.  STATE  hese Articles of Incorporation this	ZIP 32792 ZIP _

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

name of corporation)

JECRETARY OF STATE OF CORPORATIONS

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Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 415 Magnolia Ave.
Merritt Island, F1. 32952
has named Gerald K. Atchison
located at the aforesaid address, as its registered 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 regis-
tered 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.
and accept the conguitors of my position as a great of the conguitors of the position and the conguitors of the position and the conguitors of the conguitor
Listell at 1 4-1-99
(Signature) (Date)