## P9900035218 (SAMPLE LETTER OF TRANSMITTAL)

## Gentlemen:

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

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

PECEIVED
99 APR 16. PM 2: UL
WISIGNES DESTREAMENT OF THE

(Individual's Name)

\*\*\*\*\*78.75

(Name of Corporation)

0 4/16

## ARTICLES OF INCORPORATION

of		
Jacasler	Tnc.	
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:	n under the Florida Business Corp	poration Act, adopt(s)
ARTICLE I - COR  The name of the corporation is:	PORATE NAME	99 APR 1 SECRETY TALLAHA
Jacas ler =	Inc	
ARTICLE II - This corporation shall exist perpetually unless dissolved acc	DURATION	PM 2: 51 OF STATE FLORIDA
ARTICLE III	- PURPOSE	
The corporation is organized for the purpose of engaging in United States and the State of Florida.	any activities or business permi	tted under the laws of the
	f common stock, par value \$	per share.
The street address of the initial principal office and, if diffe	Stellt, the maning actives is:	
STREET ADDRESS		
4410 NW 17th Pl		
CITY Gainesville	FLORIDA	ZIP 37605
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL REGIS	TERED OFFICE AND AGEN	ľT
The street address of the initial registered office and		
		·
CITY Gainesville	FLORIDA	ZIP 32605

	BOARD OF DIRECTORS	
	صد ) directors initially. Th	e number of directors may be
either increased or diminished from time to time by the By-Lav	ws, but shall never be less than	one (1). The names and
addresses of the initial director(s) of the corporation are as follows:	ows:	
NAME Charles M. Wolfe	2	
ADDRESS 4410 NW 17th	0	
CITY Gainesville	STATE F	ZIP 32605
NAME Pasia J. Wolfe		
ADDRESS 4410 NW 17th PI		
CITY Gainesville	STATE (	ZIP 32605
NAME		
ADDRESS		-
CITY	STATE	ZIP
ARTICLE VIII -	INCORPORATORS	
The names and addresses of the incorporators signing these Ar		ollows:
ADDRESS 4410 Now 17th Pl		
	STATE £1	ZIP 32605
CITY Gainesuille	SIMIL 7-1	<u> </u>
NAME Paula J. wolfe		
ADDRESS 4410 NW 17th A	CTATES 61	ZIP 32655
CITY Gainesuille	STATE F1	Zir Jacob,
NAME		, <u>""                                  </u>
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Art		16
day of April	_, 19 <u>99</u>	
	[ [ ] [ M ]	', <i>I</i>
	(M11. 4	(Signature)
	$\Theta$	0/2

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Vacasler Inc. (name of corporation)	 SECRETARY OF STATE, JALLAHASSEE, FLORIDA	99 APR 16 PM 2:51	APPROVED.

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

as inc	licated in the Articles of the	orporation 2/				
at	4410 NW,	74 81	····	· -	e e	··· <u>*</u> =
	Gainesulla FI	32605	<u> </u>			_
haa n	amed Charles	(20)89	<u></u>	i.	ħ	* . Z
		e its registered egent to ac	cent service of a	— process within	this	, D

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 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.

 $\frac{1}{\text{(Signature)}} \frac{4 - 16 - 97}{\text{(Date)}}$