

P99000036693

LINDA O'STEEN  
Cooper, Byrne, Blue & Schwartz  
Requestor's Name

PO Box 13651  
Address

Tallahassee FL 32317 671-1111  
City/State/Zip Phone #

Office Use Only

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

- 1. Creative Business Solutions of Tallahassee, Inc.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
99 APR 22 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

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

Call when ready

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
<input type="checkbox"/>	Other

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-04/22/99--01014--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials | *ajc 4/22*

**ARTICLES OF INCORPORATION  
OF  
CREATIVE BUSINESS SOLUTIONS OF TALLAHASSEE, INC.**

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

**ARTICLE I**

Name

The name of this Corporation shall be Creative Business Solutions of Tallahassee, Inc.

**ARTICLE II**

Purpose

This Corporation shall be organized for the purpose of engaging in any business which is lawful under the laws of the State of Florida.

**ARTICLE III**

Agent

The registered agent of this Corporation shall be W. Kim McAllister. The address of the registered agent shall be 8101 Archer Circle, Tallahassee, Florida 32308.

**ARTICLE IV**

Existence

This Corporation shall have perpetual existence.

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**ARTICLE V**

**Address**

The initial street address of the principal office of this Corporation shall be 1355 Market Street, A-3, Tallahassee, Florida 32312.

**ARTICLE VI**

**Capital Stock**

The authorized capital stock of this Corporation shall consist of Ten Thousand (10,000) shares of voting common stock having a par value of one cent (\$0.01) each.

**ARTICLE VII**

**Preemptive Rights, Cumulative Voting**

Holders of the capital stock of the Corporation shall not have the preemptive right to purchase new shares of stock or securities, or rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

**ARTICLE VIII**

**Directors**

This Corporation shall have no less than one (1) director nor more than seven (7). The Board of Directors of the Corporation shall consist of all of the stockholders (or, if any stockholder is a corporation or other entity, such shareholder's duly authorized representative). The initial directors of the Corporation shall be as follows:

<u>Name</u>	<u>Address</u>
W. Kim McAllister	8101 Archer Circle Tallahassee, Florida 32308
Sherrie Lynn McAllister	8101 Archer Circle Tallahassee, Florida 32308

**ARTICLE IX**

**Incorporator**

The name and address of the Incorporator is: W. Kim McAllister, 8101 Archer Circle, Tallahassee, Florida 32308.

**ARTICLE X**

**Officers**

The officers of the Corporation shall be a president, vice president and a treasurer, and such other officers or agents as may be appointed by the Board of Directors. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or determined by the Board of Directors. The names of the initial officers are as follows:

<u>Officers</u>	<u>Name</u>
President	W. Kim McAllister
Vice President, Secretary and Treasurer	Sherrie Lynn McAllister

**ARTICLE XI**

**Indemnification**

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees, judgments, fines and amounts paid in settlement) actually and reasonably incurred by him in connection with such action, suit or proceeding, including appeals, to the full extent permitted under Chapter 607, Florida Statutes, or its successor statute.

Indemnification as provided hereunder shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of his heirs, executors, administrators and assigns.

IN WITNESS WHEREOF, I, the undersigned Incorporator, hereby set my hand and seal this 21<sup>st</sup> day of April, 1999, for the purpose of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of the State in the State of Florida the Certificates of Incorporation and certify that the facts herein stated are true.

Walter Kim McAllister  
W. KIM McALLISTER, Incorporator

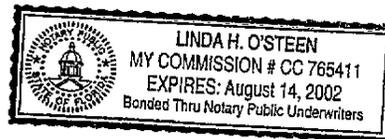
STATE OF FLORIDA  
COUNTY OF LEON

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared W. Kim McAllister, and being first duly sworn and upon his oath, stated that he signed the above Articles of Incorporation for the conditions and purposes therein expressed this 21<sup>st</sup> day of April, 1999.

Linda H. O'Steen  
NOTARY PUBLIC - STATE OF FLORIDA

PRINTED NAME OF NOTARY; COMMISSION  
NUMBER AND EXPIRATION OF COMMISSION

Personally known to me \_\_\_\_\_  
or produced the following identification:   
FLORIDA DRIVER LICENSE



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

Pursuant to the provisions of Section 607, Florida Statutes, the undersigned for profit 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: **CREATIVE BUSINESS SOLUTIONS OF TALLAHASSEE, INC.**

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

W. Kim McAllister

(NAME)

8101 Archer Circle

(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308

(CITY/STATE/ZIP)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE Walter Kim McAllister  
TITLE Incorporator  
DATE 4-21-99

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 Walter Kim McAllister  
DATE 4-21-99  
REGISTERED AGENT FILING FEE: \$35.00