

TRANSMITTAL LETTER

P99000048121

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-05/24/99--01066--010
*****78.75 *****78.75

SUBJECT: A.F.A.D. Inc.
(Proposed corporate name - must include suffix)

mail: Prior June 25, 1999

✕ Susan M. Seelig (1) copy of the articles of incorporation and a check for:

5251 Norwich St.
Hilliard, Ohio 43026 .75
(614) 847-1603 x 223 Fee
Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: SUSAN M. SEELIG
Name (Printed or typed)

address:
AFTER
June 25, 99-
11665 N. US 301
Address

PARRISH FL 34219
City, State & Zip

813-955-8711
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

R. CHESSEB MAY 27 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: A.F.A.D., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11665 N. U.S. 301
PARRISH FL 34219

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

SUSAN M. SEELIG
11665 N. U.S. 301
PARRISH FL 34219

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SUSAN M. SEELIG
11665 N. U.S. 301
PARRISH FL 34219

ARTICLE VI EFFECTIVE DATE

Request an effective date of 7/1/99

Susan M. Seelig

Signature/Incorporator

5-18-99

Date

(An additional article must be added if an effective date is requested.)

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

Susan M. Seelig

Signature/Registered Agent

5-18-99

Date

FILED
99 MAY 24 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA