# 0000 63749 TRANSMITTAL LETTER

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



SUBJECT: Atlantic Coast Design Services, Inc.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and a check for:

[X] \$70.00 Filing Fee

[] \$78.75 Certificate

[] \$122.50 Filing Fee & Filing Fee & Certified Copy Certified

[ ] \$131.25 Filing Fee, Сору & Certificate

(Additional Copy Required)

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FROM:

Connie L. Salisbury 2670 S.W. Cactus Circle Port St. Lucie, FL 34953

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

#### ARTICLES OF INCORPORATION

## Atlantic Coast Design Services, Inc.

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

#### ARTICLE I NAME

The name of the corporation shall be:

Atlantic Coast Design Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

2670 S.W. Cactus Circle Port St. Lucie, FL 34953

#### ARTICLE III SHARES

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

100 Shares @ \$1.00 Par Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Connie L. Salisbury 2670 S.W. Cactus Circle Port St. Lucie, FL 34953

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Connie L. Salisbury 2670 S.W. Cactus Circle Port St. Lucie, FL 34953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of July, 1999.

Signature <b>(X)</b> (DXX(II)(	L. Salisbury	
Signature		an 等 医淋巴 全体/ 20 分布 化克尔斯尔
Signature		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED 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:

Atlantic Coast Design Services, Inc.

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

Connie L. Salisbury 2670 S.W. Cactus Circle Port St. Lucie, FL 34953

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.

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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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