

PG900070483

TAX SHOPPE  
932 S.W. Bayshore Blvd.  
Port St. Lucie, FL 34983

City/State/Zip

Phone #

700002946877--7  
-08/02/99-01016-015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED  
99 AUG -2 PM 5:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Handwritten signature]*

Examiner's Initials

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

SUBJECT: David Meskauskas & Associates, Inc.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certificate Copy

☐ \$133.25  
Filing Fee,  
Certificate Copy &  
Certificate

FROM:  
David Meskauskas  
1009 SW Bianca Avenue  
Port St Lucie, FL 34953  
561-336-0588

**NOTE:**

Please provide the original and (1) copy of the articles.

## ARTICLES OF INCORPORATION

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:

David Meskauskas & Associates, Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

c/o David Meskauskas  
1009 SW Bianca Avenue  
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 one thousand (1,000) shares. The Par Value of each share of stock is \$1.

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joseph Edge  
c/o The Tax Shoppe  
932 SW Bayshore Blvd  
Port St Lucie, Florida 34983

### ARTICLE V - INCORPORATOR(S)

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

David Meskauskas DOB: 11-15-1939 SSN: 335-32-3147  
1009 SW Bianca Avenue  
Port St Lucie, FL 34953

Margaret Meskauskas DOB: 04-18-1943 SSN: 359-34-1317  
1009 SW Bianca Avenue  
Port St Lucie, FL 34953

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TALLAHASSEE FLORIDA

## ARTICLE VI - SMALL BUSINESS CORPORATION

The corporation elects to be treated as a small business corporation under section 1244 of the Internal Revenue Service Code.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 16 day of JUNE 1999.

X David J. Mestamhan  
Signature

ARTICLES OF INCORPORATION FILING FEE - \$35.00

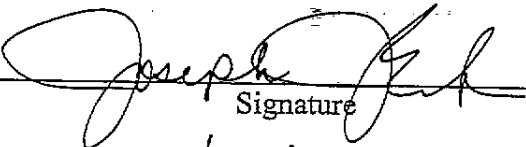
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

*PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: David Meskauskas & Associates, Inc.
2. The name and address of the registered agent and office is:

Joseph Edge  
c/o The Tax Shoppe  
932 SW Bayshore Blvd  
Port St Lucie, Florida 34983

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  
  
6/16/99  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA