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TRANSMITTAL LETTER

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

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-08/27/99--01032--006
*****87.50 *****87.50

SUBJECT: Keep-Trak, Inc.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maxine T. Williams
Name (Printed or typed)

P.O. Box 2428
Address

Orlando, FL 32802
City, State & Zip

407-306-9255
Daytime Telephone number

EFFECTIVE DATE

8-20-99

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

9-1
425

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:

Keep-Trak, Inc.

ARTICLE II PRINCIPAL OFFICE

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

279 Isle of Sky Circle, Orlando, FL 32828
MAILING: P.O. Box 2428, Orlando, FL 32802

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Maxine Williams (Maxine T. Williams)
279 Isle of sky, Orlando, FL 32828
Orlando, FL 32802

ARTICLE V INCORPORATOR

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

Maxine Williams
P.O. Box 2428
Orlando, FL 32802

ARTICLE VI EFFECTIVE DATE

Effective August 20, 1999

Maxine T. Williams
Signature/Incorporator

August 25, 1999
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

Maxine T. Williams
Signature/Registered Agent

August 25, 1999
Date

EFFECTIVE DATE
8-20-99

FILED
99 AUG 21 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL 32301