

# TRANSMITTAL LETSER 7 PM 1: 07

LONGIARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:(Pro	posed corporate name - must include su	ffix)
		5000029800757 -09/07/9901120014 *****78.75 *****78.75
for:	nd one (1) copy of the articles of i	
Filing Fee	X \$78.75 \$122.50  Filing Fee Filing Fee & Certificate & Certified Copy	Filing Fee, Certified Copy & Certificate
FROM:	Leo A. Berchtold	FILL FILLANAS FALLANAS
rnow.	Name (printed or typed)	PILED PLANSSEE
	729 Dean Way	
	Address	PM 1: 07
	Fort Myers, Florida 33919	F
•	City, State & Zip	
	941-481-2929	the second secon
	Daytime Telephone number	/)
·		at 9/13/85
		AH 9/19

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

# ARTICLES OF INCORPORATION SEP -7 PM 1: 07

TALLAHASSEE, FLORIDA

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: Leo A. Berchtold, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

729 Dean Way Fort Myers, Florida 33919

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Leo A. Berchtold 729 Dean Way Fort Myers, Fl. 33919

## ARTICLE V INCORPORATOR(S)

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

Leo A. Berchtold 729 Dean Way Fort Myers, Fl. 33919

The unde	rsigned incorporator(	s) has(have) executed t	these Articles of	Incorporatio	n this
lst	day of _	September	19 <u>_99</u>		
.,'	Leo a	Bu <del>hlit</del> a Signature			
		Signature	A CONTRACTOR OF THE PARTY OF TH		
		Signatura			

Articles of Incorporation Filing Fee - \$35

# 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:	Leo A. Berchtold, Inc.	<del></del>	<i>,</i>		1775. ga = 15 % .
2.	The name and address of the regis	stered agent and office is:				
	Leo A. Berchtold		TALLA	99 SEI		
		(Name)	SI	.⊤ <b>O</b>		
	729 Dean Way		333	7-0	П	:
	(P.O.	Box not acceptable)		P# -:		· _ v
.1	Fort Myers, Florida	33919	<b>6</b> 7	07		
		(City/State/Zip)				•

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.

September 1, 1999
(Signature) (Date)