

TRANSMITTAL LETTER

99000087074

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

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-10/01/99--01084--026
*****78.75 *****78.75

SUBJECT:

Del Sol of Florida, 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:

Loula M. Fuller

Name (Printed or typed)

402 Office Plaza Drive

Address

Tallahassee, Florida 32301

City, State & Zip

850. 878. 6404

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT - 1 PM 3:08

RECEIVED

99 OCT - 1 PM 3:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

T BROWN OCT - 1 1999

**ARTICLES of INCORPORATION
OF
DEL SOL OF FLORIDA, INC.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 PM 3:08

The undersigned incorporator, for purposes of forming a for profit corporation under the Florida Business Corporation Act, Chapter 607, Florida Statutes, hereby adopts the following Articles of Incorporation:

Article I

NAME AND ADDRESS

The name of the Corporation is:

Del Sol of Florida, Inc.

The principal office address of the Corporation is:

**402 Office Plaza Dr.
Tallahassee, Florida 32301**

Article II

DURATION

The duration of the Corporation is perpetual.

Article III

PURPOSE

The general purpose for which the Corporation is organized is to engage in any lawful business enterprise for profit.

Article IV

INCORPORATOR

The Name and Address of the incorporator signing these articles is:

Loula M. Fuller
1165 W. Conservancy Dr.
Tallahassee, Florida 32312

Article V

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of the Corporation is:

402 Office Plaza Drive
Tallahassee, Florida 32301

and the name of the initial Registered Agent at such address is:

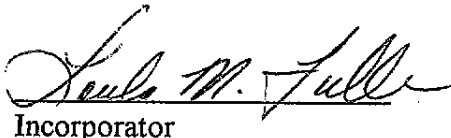
Loula M. Fuller

ARTICLE VI

CAPITAL SHARES

The aggregate number of shares which the Corporation shall have authority to issue is five hundred (500) shares.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 1 day of October, 1999.


Incorporator

Loula M. Fuller
Typed Name of Incorporator

STATE OF FLORIDA

COUNTY OF LEON

BEFORE ME personally appeared Loula M. Fuller, to me well known and known to me to be the person described in and who executed the foregoing instrument, and who after being

first duly sworn, acknowledged to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 1st day of October, 1999, in the aforesaid County and State.

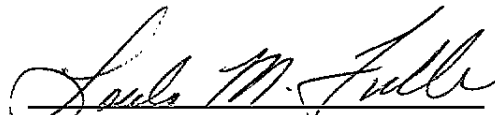

NOTARY PUBLIC

My commission expires:



ACCEPTANCE BY DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this statement, 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 a registered agent.


Loula M. Fuller

Date: October 1, 1999

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