PAMPLE LEFTED COMPTAIN / 169

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

400003011284--7 -10/11/99--01088--002 ****122 50 *****78.75

Re: (Name of Corporation), Inc.

DATE

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

MAILING ADDRESS OF CORPORATIONS

P.O. BOX 1292

OLD TOWN, F L 32680

352-624 PHONE 7337

(352) 542-8032

Area Code Number File

OSIL TURLEY GAVE
AUTHORIZATION BY PHONE TO
CORRECT OF THE DATE DOC FYRING BR

ARTICLES OF INCORPORATION

B + O, INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

•		
	- CORPORATE NAME	THE SOLUTION OF SO
The name of the corporation is: $\mathbb{B} + \mathcal{C}$, INC.	The state of the s
	E II - DURATION	OF STATE
This corporation shall exist perpetually unless dissolv	ed according to Florida law.	P
ARTICI	LE III - PURPOSE	
The corporation is organized for the purpose of engag United States and the State of Florida.	ring in any activities or business p	ermitted under the laws of the
The corporation is authorized to issue 500 sha	ITIAL PRINCIPAL OFFICE	
STREET ADDRESS		
2478 SE 5875 AVE		
CITY OCALA	FLORIDA FZ	ZIP 34471
Mailing address, if different		
STREET ADDRESS		· · · · · · · · · · · · · · · · · ·
P.O. BOX 1292	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
CITY OLD TOWN	FLORIDA	ZIP 32680
ARTICLE VI - INITIAL RI	EGISTERED OFFICE AND AC	GENT
The street address of the initial registered office	and the name of the initial regi	stered agent at the office is:
NAME OSIE O. WALDREN	1	
ADDRESS 2478 SE 587 AV		
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	FLORIDA	ZIP, 34471

·	AL BOARD OF DIRECTORS	
This corporation shall have Two	2) directors initially. The n	umber of directors may be
either increased or diminished from time to time by the By-L addresses of the initial director(s) of the corporation are as fo	aws, but shall never be less than on	e (1). The names and
NAME OSIE O. WALDREI	<u> </u>	· · · · · · · · · · · · · · · · · · ·
ADDRESS Po Box 1292	guntagi <u>(186</u> 2) (1 866) (1866) statura eta 1960 (1864) (1864) (1864) (1864)	an gray and the Arman and an arman agent
CITY OLD TOWN	STATE FZ	ZIP 32680
NAME BURT R. WALDREN	ਮਾ (ਫ਼ਿਜ਼ਾਪੁਸ਼) :	
ADDRESS 3904 E SILVER SPAS	BLVD	<u> </u>
CITY OCALA	STATE FL.	ZIP 34471
NAME		
ADDRESS	v anni 6 de attabassassassas a sa (ger	444.
CITY	STATE	ZIP
ARTICI E VIII	- INCORPORATORS	·
The names and addresses of the incorporators signing these A		
	ductes of incorporation are as totto	ws.
NAME OSIE O. WALDREN		
ADDRESS P.O. BOX 1292		
CITY OID TOWN	STATE FL	ZIP 32680
NAME BURT R. WALDREN		
ADDRESS 3904 E SILVER SP95	BLVD	Tarr
CITY OCALA	STATE /=/	ZIP 34471
NAME		
ADDRESS		-
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Ar	ticles of Incorporation this	77
day of OCTOBER		
F	0 1.30 0011	. 7
ω	Sie O. Waldre	(Signature)
- !<	<	
	- Value	(Signature)
		(Signature)
	······································	·/

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

2478 SE 5870 AVE.

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

SEMINOLE-MIAMI (8-93)