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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

J. Lirette & Associates, Inc.

99 OCT 22 AM 11:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
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ARTICLES OF INCORPORATION

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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:

J. Lirette & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

J. Lirette & Associates, Inc.
34 B CARDINAL DRIVE
ORMOND BEACH, FL 32176

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ARTICLE III SHARES

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

1200 SHARES at NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH LIRETTE
34 B CARDINAL DRIVE
ORMOND BEACH, FL 32176

Prepared By:

Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INCORPORATOR(S)

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

JOSEPH LIRETTE
34 B CARDINAL DRIVE
ORMOND BEACH, FL 32176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of October 19 99



JOSEPH LIRETTE
Signature

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **J. Lirette & Associates, Inc.**

2. The name and address of the registered agent and office is:

JOSEPH LIRETTE

Name

34 B CARDINAL DRIVE

(P.O. Box or Mail Drop Box NOT Acceptable)

ORMOND BEACH, FL 32176

(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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


JOSEPH LIRETTE
Signature

October 21, 1999

Date

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