

P99000103393

DATE 5 NOVEMBER 1999

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

500003039045--9
-11/09/99--01017--004
****122.50 *****78.75

Re: NORRIS Associates, Inc.
(Name of Corporation)

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.

James E. Norris
(Individual's Name)

NORRIS Associates
(Name of Corporation)

| MAILING ADDRESS OF CORPORATION | | |
|--------------------------------|----------|------|
| 9304 U.S. 41 NO. | | |
| PALMETTO, FL 34221 | | |
| PHONE | | |
| (941) | 722-1496 | N.A. |
| Area Code | Number | Ext. |



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 10, 1999

JANICE E. NORRIS
9304 U.S. 41 NO.
PALMETTO, FL 34221

SUBJECT: NORRIS COMPANY, INC.
Ref. Number: W99000025995

We have received your document for NORRIS COMPANY, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 399A00054365

ARTICLES OF INCORPORATION

NORRIS ASSOCIATES JEN
COMPANY, 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:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ASSOCIATES JEN
NORRIS COMPANY, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| | | |
|-------------------------|---------|--------------|
| STREET ADDRESS | | |
| <u>9304 U.S. 41 NO.</u> | | |
| CITY | FLORIDA | ZIP |
| <u>PALMETTO</u> | | <u>34221</u> |

Mailing address, if different

| | | |
|----------------|---------|-----|
| STREET ADDRESS | | |
| | | |
| CITY | FLORIDA | ZIP |
| | | |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

| | | |
|-------------------------|---------|--------------|
| NAME | | |
| <u>JANICE E. NORRIS</u> | | |
| ADDRESS | | |
| <u>9304 U.S. 41 NO.</u> | | |
| CITY | FLORIDA | ZIP |
| <u>PALMETTO</u> | | <u>34221</u> |

FILED
99 NOV 30 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

| | | | |
|---------|--------------------------|------------------|------------------|
| NAME | <u>JANICE E. NORRIS</u> | | |
| ADDRESS | <u>9304 U. S. 41 NO.</u> | | |
| CITY | <u>PALMETTO</u> | STATE <u>FL.</u> | ZIP <u>34221</u> |
| NAME | <u>ERNEST P. NORRIS</u> | | |
| ADDRESS | <u>9304 U. S. 41 NO.</u> | | |
| CITY | <u>PALMETTO</u> | STATE <u>FL.</u> | ZIP <u>34221</u> |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| | | | |
|---------|--------------------------|------------------|------------------|
| NAME | <u>JANICE E. NORRIS</u> | | |
| ADDRESS | <u>9304 U. S. 41 NO.</u> | | |
| CITY | <u>PALMETTO</u> | STATE <u>FL.</u> | ZIP <u>34221</u> |
| NAME | <u>ERNEST P. NORRIS</u> | | |
| ADDRESS | <u>9304 U. S. 41 NO.</u> | | |
| CITY | <u>PALMETTO</u> | STATE <u>FL.</u> | ZIP <u>34221</u> |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | ZIP |

The undersigned incorporator(s) have executed these Articles of Incorporation this 5 day of NOVEMBER, 19 99.

X Janice E. Norris (Signature)

X Ernest P. Norris (Signature)

_____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

ASSOCIATES JEK
NORRIS COMPANY, INC.
(name of corporation)

FILED
99 NOV 30 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

at 9304 U.S. 41 No.
PALMETTO, FL. 34221

has named JANICE E. NORRIS

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.

Janice E. Norris
(Signature)

5 NOVEMBER 1999
(Date)