

99 NOV 29 AM 9: 56

SLURETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	Object Innovation, Inc.				
		(Proposed corporate name - must include suffix)			
Enclosed is an	original	and one(1) copy of the article	s of incorporation and a	check for :	
∑ \$70. Filing F	00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FI	ROM:	Scott M. Sirdevan Name (Printed or typed)			
		2292 Emilys Way			
	Green Cove Springs, FL 32043				

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

City, State & Zip

Daytime Telephone number

(904) 529-8905

PH 12/1/85/

ARTICLES OF INCORPORATION

FILED

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Object Innovation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2292 Emilys Way, Green Cove Springs, FL 32043

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Scott M. Sirdevan

2292 Emilys Way, Green Cove Springs, FL 32043

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Scott M. Sirdevan

2292 Emilys Way, Green Cove Springs, FL 32043

Sult M Sidera 11/17/99
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date

11/17/99