## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221 Phone : (631)224-9004

Fax Number : (631)224-7979

## FLORIDA PROFIT CORPORATION OR P.A.

ACTIVEPROG SERVICE INC.

Certificate of Status	0
Certified Copy	0_
Page Count	(03)
Estimated Charge	\$70.00

# H0213002102356

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

#### ARTICLE | -NAME

THE NAME OF THE CORPORATION SHALL BE:

ACTIVEPROG SERVICE INC.

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#### ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

6170 NW 173<sup>rd</sup> Street #427 Miami, FL 33015

### ARTICLE III -SHARES

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

2,000 shares at \$.01 par value

# ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Charles Amashta 8261 NW 8th Street #438, Miami FL 33126

Vice President/Director: Carlos Gomez 6170 NW 173rd Street #427 Miami, FL

33015

# ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

HO2000 2102356

# 995EONE OOK 60 H

Charles Amashta 8261 NW 8<sup>th</sup> Street #438, Miami FL 33126

#### ARTICLE VI-INCORPORATOR:

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

Kerry Walsh Incorporatetime.com, Inc. 35-37 Carleton Avenue Islip Terrace, NY 11752

Kerry Walsh, Incorporator

10/9/0L

Having been named registered agent and to accept service of process for the above stated corporation as 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.

Charles Amashta, Registered Agent

Date

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SECRETARY OF CARE