P9600066311

TRANSMITTAL LETTER

SUBJECT: PBA SECRETARIAL & CONSULTING SERVICES, INC. (Proposed corporate name - must include suffix)

Departmen	t of State
Division of	t of State Corporations 327
P. O. Box 6	327 5. FL 32314

800001914519 -08/06/96--01164--005 +***122.50

Enclosion :	sed is an origina \$70.00 Filing Fee	l and one (1) co 378.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required	ind a checl	k
	FROM:	7474	PNORE WS (printed or typed) 1-138 STREET NOCTH Address		O.H.
		Cit	18-6061 (THURSDAVS)	STATE LORIDA	5

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

Daytime Telephone number

89(H)

ARTICLES OF INCORPORATION

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:

PBA SECRETARIAL & CONSULTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7474 - 128 STREET NORTH SEMINOLE, FLORIDA 33776

ARTICLE III SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAMELA B. ANDREWS 1474-128 STREET NORTH SEMINOLE, FLORIDA 33776

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

PAMELA B. ANDREWS 7474-128 STREET NORTH SEMINOLE, FLORIDA 33776

The undersigned in	corporator(s) has(have)	executed these Articles of Incorporation th
day of	AUGUST	, 19 <u>96</u>
(An additional articl	e must be added if an ef	fective date is requested.)
_	Janele	B. aldrew
		Signature
_		Signature
•••		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. 7	The name of the corporation is:	IBA BECRETACIAL & QU	NSU(7/NF
		SEXVICES INC.	
2. 1	The name and address of the regist	ered agent and office is:	
	Pame	(NAME)	LYTTYL Sichen Siny 96 L
	(D.O. Day)	-128 STREET NORTH	
	SEV	(CITY/STATE/ZIP)	SO AL ILLA SO AL ILLA O E

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.

GIGNATURE) 8/1/96 (DATE)