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

SUBJECT:	AFFILIATE SERVICES, INC.			
	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee

Filing Fee & Certificate □\$122.50

图\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	D. BRYAN SMITH -	
	Name (Printed or typed)	
	Name (Printed or typed)  866 5.W. 9TH STREET CIRCLE 1058887  Address	All STREET
	716.	्र अन्यकृत्
	BOLA KAYON, FL 33486 55 89	
	City, State & Zip	77425
	[561) 393-1920	
	Daytime Telephone number	
	911	

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

## 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:	SLON TALLA	97 FEB	-
AFFILIATE SERVICES, INC.	LöreTARY OF S LAHASSEF FL	$\equiv$	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	FLORIDE	e: 53	A STATE OF THE PARTY OF THE PAR
111 (1) 9TH ( PET ) 100 15 10	_		

866 S.W. 97	STRE	ET CIRCLE	105
BOCA RATION,			-

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

S. BRYAN SMITH 866 S.W. 9TH STREET CIRCLE 105 BOCA RATION, KL 33486

## 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):

SOBRIAN MITH 806 SW 9th STREET CIRCLE BOLA RATON, FL 33486

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

1 day of FEBRUARY, 19 97.

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

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.	The name of the corporation is APPILIATE SERVICES, INC.	<del></del>	_
2.	The name and address of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Control of the segment of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Bold Address of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Control of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Control of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Control of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Control of the registered agent and office is:    Bold S.W. 9 - STREET CIRCUS   105 ORIDE   Control of the registered agent and office is:    Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agent and office is:   Control of the registered agen	97 FEB 10 AH 8: 53	

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.

Man Mush 2-7-97
(Signayure) (Date)