

P97000086502

10/06/97

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

2:43 PM

((H97000016580 7))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: GENERAL SERVICES OF SOUTH FLORIDA, INC.

AUDIT NUMBER.....H97000016580

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$78.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET, TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

FILED  
97 OCT -7 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

nu 10/7/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 7, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: GENERAL SERVICES OF SOUTH FLORIDA, INC.  
REF: W97000022830

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply 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) 487-6067.

Naysa Culligan  
Document Specialist

FAX Aud. #: H97000016580  
Letter Number: 197A00049050

H97000016580

FILED

97 OCT -7 PM 2: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE OF INCORPORATION**

**OF**

**GENERAL SERVICES GROUP, INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: GENERAL SERVICES GROUP, INC.

The principal place of business of this corporation shall be:

1235 SW. 7 Th. ST. # 1  
Miami, Florida 33135

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00- \$ 1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared By: BASIC ACCOUNTING SERVICE  
692 W. 29th Street #9  
Hialeah, Fl. 33012  
(305) 887-4185

H97000016580



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: \_\_\_\_\_  
GENERAL SERVICES GROUP, INC.

2. The name and address of the registered agent and office is \_\_\_\_\_  
ERNESTO L. SUAREZ  
(Name)

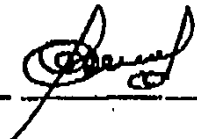
1235 SW. 7 ST. # 1

(P. O. BOX NOT ACCEPTABLE)

MIAMI , FLORIDA 33135

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE BEST 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 10-06-1997

97 OCT 7 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED