## POSSIBLE TRANSMITTAL LETTER 888

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

SUBJECT:	A. S. Auditin	rate name - must include suff	.02/16/00 02/16/00		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		inted or typed)		; <del>\$</del>	

8880 NW 30th Street #1

Address

Coral Springs F1 33065

City, State & Zip

(954) 255-5702

SECRETARY OF STATE CIVISION OF CORPORATIONS

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

(2/18/po



## ARTICLES OF INCORPORATION ·

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Business Corporation Act, hereby adopts the following Articles of Incorporation.	00 FEB 16	PM 4: 38
ARTICLE I NAME	-	
The name of the corporation shall be:		
A. S. Auditing, Inc.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be:		
8880 NW 30th Street #1		
Coral Springs, Fl 33065 ARTICLE III SHARES		
ARTICLE III SHARES	X	
The number of shares of stock that this corporation is authorized to have outstanding	it any one tim	e 18:
10 Shares at \$1.00 par Vahue		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDI	<u>ESS</u>	
The name and Florida street address of the initial registered agent are:		
Alfredo Silva		= / (==
8880 NW 30th Street #1, Coral Springs,	F1 33	065
ARTICLE V INCORPORATOR		
The name and address of the incorporator to these Articles of Incorporation are:		
Alfredo Silva,		
8880 N.W. 30th Street #1		
Coral Springs/ Fl 33065		
	7/2/	
Signature/Incorporator	Onte	
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(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 standes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as zegistered agent

Signature/Registered Agent