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Division of Corporations

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**Florida Department of State**  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : PARALEGAL SOLUTIONS FT LAUDERDALE  
Account Number : I19990000257  
Phone : (954) 565-9929  
Fax Number : (954) 565-1347

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY - 1 PM 3:48

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**FLORIDA PROFIT CORPORATION OR P.A.**

**Postal + Business Solutions, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

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5/1/00

N. Culligan, MAY 1 - 2000

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**ARTICLES OF INCORPORATION**

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the Corporation shall be:  
Postal + Business Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
1325 South Powerline Road  
Pompano Beach, FL 33069

**ARTICLE III SHARES**

The number of shares that this corporation is authorized to have outstanding at any one time is:  
1000 shares.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Ian Gardner  
8265 West Sunrise BLVD  
Plantation, FL 33322

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Ian Gardner  
8265 West Sunrise BLVD  
Plantation, FL 33322

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TALLAHASSEE, FLORIDA



Signature/Incorporator

5/1/00

Date

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.



Signature/Registered Agent

5/1/00

Date

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