



ACCOUNT NO. : 072100000032

REFERENCE: 722835 80913A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: June 7, 2000

ORDER TIME : 12:02 PM

ORDER NO. : 722835-005

CUSTOMER NO: 80913A

CUSTOMER: Ms. Kathy Prevatt

SALTER FEIBER YENSER &_MURPHY SALTER FEIBER YENSER & MURPHY

703 Northeast 1st Street

Gainesville, FL 32601

DOMESTIC FILING

NAME:

GLOBAL SERVICE MANAGEMENT,

INC.

EFFECTIVE DATE: __

XX ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

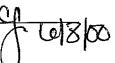
CERTIFICATE OF GOOD STANDING

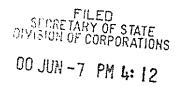
CONTACT PERSON: Janine Lazzarini - EXT.

EXAMINER'S INITIALS:

700003280707--8 -06/08/00--01001--012

*****78.75 *****78.75





ARTICLES OF INCORPORATION

OF

GLOBAL SERVICE MANAGEMENT, INC.

THE UNDERSIGNED incorporator does hereby agree to incorporate a corporation for profit under the laws of the State of Florida, of the United States of America, by and under the provisions and statutes of that State, providing for the formation, liability, rights, privileges, benefits and obligations conferred and imposed by said law on corporations organized pursuant to the provisions thereof, and hereby makes, subscribes and acknowledges and files these Articles of Incorporation as follows:

ARTICLE ! NAME OF CORPORATION

1.01 NAME. -- The name of this corporation shall be GLOBAL SERVICE MANAGEMENT, INC.

ARTICLE II GENERAL NATURE OF BUSINESS

2.01 POWERS. -- This corporation may engage in any activity or business permitted under F.S. 607 of the laws of the State of Florida.

ARTICLE III STOCK

3.01 NUMBER. -- The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one class of Common Stock totaling 1,000 shares and having a par value of \$1.00 per share.

ARTICLE IV ADDRESS OF CORPORATION AND REGISTERED AGENT

- **4.01 PRINCIPAL OFFICE.** -- The street address of the principal office of the proposed corporation in the State of Florida is **DELENA C. MAY**. The mailing address of the corporation is **530 SW 21**st **Avenue, Gainesville, FL 32601**.
- **4.02 RELOCATION.** -- The Board of Directors may from time to time move the principal office to any other address in Florida.
- 4.03 REGISTERED AGENT. -- The initial registered agent of the corporation is DELENA C. MAY and her business office and address is 530 SW 21st Avenue, Gainesville, FL 32601.

ARTICLE V NAME AND ADDRESS OF INCORPORATOR

5.01 DESIGNATION. -- The name and street address of the incorporator of the Articles of Incorporation is as follows:

NAME

ADDRESS

DELENA C. MAY

530 SW 21ST AVENUE GAINESVILLE, FL 32601

THE UNDERSIGNED, being the Incorporator to the Capital Stock hereintofore named, for the purpose of forming a corporation to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5 day of June, 2000.

STATE OF FLORIDA **COUNTY OF ALACHUA**

The foregoing instrument was acknowledged before me this <u>5</u> day of June, 2000, by **DELENA** C. MAY, the Incorporator, who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same for the purposes therein expressed.

> Notáry Public, State of Florida My Commission Expires:

Serial Number:

(SEAL)

Katherine E. Prevatt MY COMMISSION # CC542700 EXPIRES July 7, 2000 BONDED THRU TROY FAIN INSURANCE, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

CERTIFICATE OF REGISTERED AGENT

THEREBY accept designation of registered agent for **DELENA C. MAY**, and hereby agree to fulfill the obligations thereof. IN WITNESS WHEREOF, I have hereto set my hand and seal this 5 June, 2000. STATE OF FLORIDA **COUNTY OF ALACHUA** The foregoing instrument was acknowledged before me this $\frac{2}{2}$ day of June, 2000, by DELENA C. MAY, Registered Agent, who executed the foregoing Certificate of Registered Agent, and she acknowledged before me that she executed the same for the purposes therein expressed. Such person(s): X is/are personally known to me, produced a current Florida Driver's as identification. license as identification, or ____ produced Notary Sign Name Above Notary Print Name Below Notary Public, State of Florida My Commission Expires:

Serial Number:

Katherine E. Prevatt
MY COMMISSION # CC542700 EXPIRES
July 7, 2000
BONDED THRU TROY FAIN INSURANCE, INC.