

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

600003368756-1

-08/23/00-01057-023

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. US PERSONAL COMMUNICATION, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

Examiner's Initials

**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 incorporation shall be  
**US PERSONAL COMMUNICATION, INC.**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

*2355 Salzedo St, Suite 300  
Coral Gables, FI 33134*

**ARTICLE SHARES**

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

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial Registered Agent is:

*Brigitte Rhodes  
16675 SW 148 Ave  
Miami, FI 33187*

**ARTICLE V - INCORPORATOR**

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

*Jeanne Roca  
14577 SW 160 Street  
Miami, FI 33187*

The undersigned Incorporator has executed these Articles of Incorporation this 28<sup>th</sup> day of July, 2000

  
\_\_\_\_\_  
Signature

FILED  
00 AUG 23 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI – DIRECTORS**

The name and street addresses of the directors to these Articles of Incorporation are:

President :                      Jeanne Roca  
   14577 SW 160 Street  
   Miami, FI 33187

Secretary / Treasurer:        Jo Ann Verger  
   16675 SW 148 Ave  
   Miami, FI 33187

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

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent

**FILED**  
00 AUG 23 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA