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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VALIDATION ONLY

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-09/05/00-01022-008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Evelyn

Requestor's Name

Address

ATLANTIC

City

State

ZIP

Phone

1592

CORPORATION(S) NAME

CHOICE TEAM OF SOUTH FLORIDA INC

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |  |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Certified Copy  
DIVISION OF CORPORATION  
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RECEIVED

P 9/5/00



Empire Toll Free: 1-800-432-3028

**ARTICLES OF INCORPORATION**

FILED

OF

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CHOICE TEAM OF SOUTH FLORIDA INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*These Articles are in compliance with Chapter 607, F.S.*

Article I

*The name of this corporation shall be:*

CHOICE TEAM OF SOUTH FLORIDA INC.

Article II

*This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.*

Article III

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

P.O. BOX 140165  
CORAL GABLES, FL 33134

Article IV

*The general nature of business of this corporation is to transact any and all lawful business.*

Article V

*The number of share which this corporation shall have authority to issue is 100 shares, having an individual par value of \$1.00*

*Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.*

Article VI

*The name and street address of the initial Registered Agent of this corporation shall be:*

EDUARDO M. DIAZ  
5765 W. 25 CT., APT. 412  
HIALEAH, FL 33016

Article VII

*The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s):*

CHAIRMAN / PRESIDENT  
EDUARDO M. DIAZ  
5765 W. 25 CT., APT. 412  
HIALEAH, FL 33016

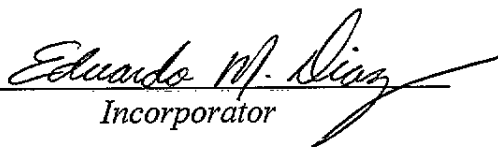
VICE-PRESIDENT  
STEPHEN UCHINO  
4851 UNIVERSITY DR.  
CORAL GABLES, FL 33146

Article VIII

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

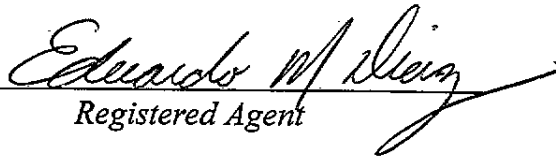
EDUARDO M. DIAZ  
P.O. BOX 140165  
CORAL GABLES, FL 33134

*The undersigned has executed these Articles of Incorporation this 1st day of September, 2000.*

  
\_\_\_\_\_  
Incorporator

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

*Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in the Articles of Incorporation, 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.*

  
Registered Agent

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