

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. VOICE LINKED, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)



Walk in



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Certified Copy



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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

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

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 3, 2001

LAZARUS

MIAMI, FL

SUBJECT: VOICE LINKED, INC.  
Ref. Number: W01000000080

We have received your document for VOICE LINKED, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 501A00000157

RECEIVED  
01 JAN -4 AM 10:59  
DIVISION OF CORPORATIONS

## **ARTICLES OF INCORPORATION**

**VOICE AHEAD, INC.**

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

### **ARTILCLE I**

The name of the Corporation shall be:

**VOICE AHEAD, INC.**

### **ARTICLE II**

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

3092 NW 99 Court Miami, Florida 33172

### **ARTICLE III**

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

1000

### **ARTICLE IV**

The name and address of the initial registered agent is:

José David Ibarra  
3092 NW 99 Court Miami, Florida 33172

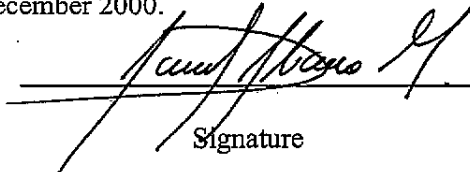
**FILED**  
01 JAN -4 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE V

The name and street address of the incorporator to these articles of incorporation is:

José David Ibarra  
3092 NW 99 Court Miami, Florida 33172

The undersigned incorporator has executed these Articles of Incorporation this twenty sixth day of December 2000.

  
Signature

## ARTICLE VI

The name and street address of the director to these articles of incorporation are

President:

José David Ibarra  
3092 NW 99 Court Miami, Florida 33172

Vice President:

Javier Ramírez  
10951 NW 48 Terrace Miami, Florida, 33178

### 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.

  
Signature

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