## TRANSMITTAL LETTER

# PO10000014991

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Process + SUBPO			sc.
	(Proposed corpora	te name - must include sur	ffix)	
	•		500003531 -01/10/01 ****122.50	L GOS 3 01073006 *****78.75
Enclosed is an o	original and one(1) copy of the articles	of incorporation and a	check for:	_
S70. Filing F	· · · · · · · · · · · · · · · · · · ·	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Tom Mana (Printed	Cill or typed)		
	6466 NW 5+ Addres		O1 JAN 10 SECRETARY TALLAHASSE	T T M
	FT. LAUD, F	<u>= L、33309</u> & Zip	PN 2: OF STAT E, FLORI	M D
	954-557-4175 Daytime Telepho	one number		- •
	zz, mie rekepho			

NOTE: Please provide the original and one copy of the articles.

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

PROCESS + SUBPORNA Services, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

6466 NW 5 th WAY FT. LAUD. FL. 33309 FILED

01 JAN 10 PM 2: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE III SHARES

The number of shares of stock 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 address of the initial registered agent is:

... John Passariello 6466 NW 5th Way FT LAUD, FL.33309

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tom McG; // 8501 SW 19 Street FT, LAUD, FL, 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of December, 10 2000.

(An additional article must be added if an effective date is requested.)

10m Mc Bill
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is Process 4 Subpoend.	<u>Senvices</u>	INC.
2.	The name and address of the registered agent and office is:		
	John PASSAVIETO	01 SE	
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	JAN 10 F CRETARY OF LAHASSEE, F	
	FT. LAUD. FL. 33309 (CITY/STATE/ZIP)	ED PM 2: I OF STATE E, FLORIDA	

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) 12 | 29 | 60 (DATE)