# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

# POIDOO

Doseph Zsiga Mid Florida Services, Inc.



200004451442--8 -06/29/01--01033--009 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File File SEC
	Art. of Amend. File
	RA Resignation RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatenfent
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search_
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File J. BRYAN JUN 2 9 200
Name Date Time	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier
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# ARTICLES OF INCORPORATION

OT WASSER WOOD The incorporator(s), for the purpose of forming a corporation under the Fig. Business Corporation Act, hereby adopt(s) the following Articles of Incorporati

#### ARTICLE I NAME

The name of the corporation shall be:

JOSEPH ZSIGA MID FLORIDA SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

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

8713 Gum Tree New Port Richey, Florida 34653

# ARTICLE III SHARES

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

1,000 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia A. Zsiga 8713 Gum Tree New Port Richey, Florida 34653

# ARTICLE V INCORPORATOR(S)

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

Patricia A. Zsiga 8713 Gum Tree New Port Richey, Florida 34653

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25th day of 2001.

Signature

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:

JOSEPH ZSIGA MID FLORIDA SERVICES, INC.

2. The name and address of the registered agent and office is:

PATRICIA A. ZSIGA	
(Name)	288
8713 GUM TREE	
(P.O. Box NOT acceptable)	FLORE STATE
NEW PORT RICHEY, FLORIDA 34653	. On
(City, State, Zip)	7

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) (Date)