

TRANSMITTAL LETTER

PD1000099/65

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

500004631165--5
-10/11/01--01025--023
*****87.50 *****87.50

SUBJECT: Info-Link Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Eleanor M. Covey
Name (Printed or typed)

16124 Foxfire Drive
Address

TAMPA FL 33618
City, State & Zip

813-814-4212
Daytime Telephone number

FILED
OCT 11 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

B. Mitchell

OCT 11 2001

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Info-Link Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16124 Foxfire Drive
TAMPA, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in ANY ACTIVITIES or Business
permitted under the laws of the United States & the
State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

one thousand (1,000), No PAR (\$ Dollar) value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ELEANOR M. COVEY President
16124 Foxfire Drive
TAMPA, FL 33618

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ELEANOR M. COVEY
16124 Foxfire Drive
TAMPA, FL 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELEANOR M. COVEY
16124 Foxfire Drive
TAMPA, FL 33618

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Eleanor M. Covey
Signature/Registered Agent

10/8/01
Date

Eleanor M. Covey
Signature/Incorporator
ELEANOR M. COVEY

10/8/01
Date