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# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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## FLORIDA PROFIT CORPORATION OR P.A.

ANSWERING 24/7, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
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2/27/2002

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FROM: ((C HO2000045847)))

PHONE NO. :

# ARTICLES OF INCORPORATION

	ANTICALL	of	<u> </u>	•	
	ANSWERING		P		
		ame of corpora			
The undersign form a corpora	ned subscriber(s) to these Articles of the State of	of incorporation Florida.	n, natural perso	n(s) con	petent to contract, hereby
	ARTICLE	I - CORPOR	UTE NAME		
The name of I	he corporation is:				
	ANSWERING :	24/7, CORP	<del>-</del>		
This corporati	ARTI ion shall exist perpetually unless d	CLE II - DUI issolved accord		aw.	
The corporation the United Sta	ART. on is organized for the purpose of stee and the State of Florida.	ICLE III - PU engaging in at	IRPOSE ny activities or b	usiness	permitted under the laws of
The corporation Dollar(s) (\$	on is authorized to issue FIVE 1.00 par. value	e Common Sto	shares ( ck, which shall		) of ONE maied "Common Shares".
The street addr	ARTICLE V - INITIAL ress of the Initial Registered Agent	REGISTERI office and the	ED OFFICE A	ND AG	ENT ristered Agent at that office is:
NAME	ELAINE F. VASQUEZ				
ADDRESS	435 HIALEAH DRIVE #7				
CITY	HIALEAH	STATE	FLORIDA	ZIF	33010
The principal	office, if known, or the mailing a	ddress of the c	orporation is:		
NAME	ANSWERING 24/7, CORP.		<del></del>	····	
ADDRESS	435 HIALEAH DRIVE #7				
CITY	HIALEAH	STATE	FLORIDA	ZIP	33010
directors may	tion shall have ONE to either increased or diminished addresses of the initial director	from time to t	l) direct inne by the By-L	ors initi .aws, bu	ially. The number of at shall be less thatn one (1).
NAME	ELAINE F. VASQUEZ	P	RESIDENT	,	
ADDRESS	435 HIALEAN DRIVE #	7			
СПҮ	HIALEAH	STATE	FLORIDA	ZP	33010
NAME		* 	and any other states and any other states.		
ADDRESS					· · · · · · · · · · · · · · · · · · ·
CITY		STATE		ZIP	
NAME			·		
ADDRESS					
CITY		STATE		ZIP	

PHONE NO. :

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FROM: ((( HO2000045847)))

#### Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME ELAINE F. VASQUEZ					
ADDRESS 435 HIALEAH DRIVE	#7	- 1 7	····		·
CITY HIALEAH	STATE	FLORIDA	ZIP	33010	
NAME				·	
ADDRESS					
CITY	STATE		ZIP		
NAME					
ADDRESS					
CITY	STATE		ZIP		
IN WITNESS WHEREOF, the undersigned ay of FEBRUARY	Tame fr	aspre	2		(Seal)
			,,,,		(Seal)
STATE OF FLORIDA	) SS				
COUNTY OF MIAMI-DADE	<u>~</u>				
before me, a Notary Public authorized to personally appeared: ELAINE F.	VASQUEZ	DL#_ <b>V220</b> -21		78 <b>-</b> 0	above,
Signature			Form of Iden	nification	<del></del>
Signaure			orm of Idea	ification	<del></del>
known to me and known to be the person(a) who executed the	osed the foregoing Articles are articles of incorporation to each mane, and that are	of incorporation, w n, that i relied upon	ho acknowle	aged before	
NOTATRY RUBBER STAMP SEAL	Witness my hand	l and official seal in day ofFF	the County :		
	Notary Signiture		-	· · · · · · · · · · · · · · · · · · ·	
	Printed Notary S	ignicir <del>i</del>			

FROM :

PHONE NO. :

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# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT OF

	ANSWERING 24/7, CORP.
	(name of corporation)
The a	ant to Florida Statutes Sections 48,091 and 607,0501, the following is submitted: bove corporation, desiring to organize under the laws of the State of Florida with gistered office as indicated in the Articles of Incorporation  435 HIALEAH DRIVE #7  HIALEAH, FLORIDA 33010
has n	amed ELAINE F. VASQUEZ

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

FORM 213: CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

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