POROCO 9388

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

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3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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OFFICE USE ONLY

CORPORATION NAME(S)	&	DOCUMENT NUMBER(S) (if known):
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	Resignation of R.A., Officer/Director	
	Change of Registered Agent	
	Dissolution/Withdrawal	
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Examiner's Initials

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 27, 2002

LAZARUS CORPORATE FILING SERVICE

SUBJECT: A.N.S., INC.

Ref. Number: W02000024885

We have received your document for A.N.S., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 002A00050050

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ARTICLES OF INCORPORATION

OF



A.N.S. SERVICES. INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

A.N.S. SERVICES, INC.

The name of the corporation is _____ and the principal office is located at <u>841 N.</u>

<u>Pine Avenue, Ocala, FL 34475-8881</u> or such other address as the officers may from time to time designate.

ARTICLE TWO PURPOSE

The corporation may engage in any and all aspects of the credit education and repair business and activity legally permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

ARTICLE FIVE

The Board of Directors of the corporation shall consist of at least one member and not more than three.

The name and address of initial Directors of the Board are:

<u>NAME</u>

<u>ADDRESS</u>

HEATHER PARKER

7839 S.W. 63RD AVENUE ROAD OCALA, FL 34476

GLENDA ADKINS

12460 N.W. 198TH STREET ROAD MICANOPY, FL 32667-7111

INCORPORATORS

The name and address of the incorporator is:

NAME

ADDRESS

HEATHER PARKER

7839 S.W. 63RD AVENUE ROAD OCALA, FL 34476

IN WITNESS WHEREOF, I have subscribed my name this 217 day of AUGUST,

2002.

HEATHER PARKER INCORPO AND/OR DIRECTOR

STATE OF: FLORIDA COUNTY OF: MARION

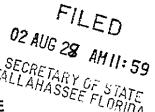
On this _____day of August, 2002, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared HEATHER PARKER, INCORPORATOR AND/OR DIRECTOR, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE MY COMMISSION EXPIRES:

LISA SKOVRONSKY Notary Public, State of Florida My commo expires April 24, 2006 No. 00098990



CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 $\underline{A.N.S.}$ SERVICES, INC.
- 2. The name and address of the registered agent and office is **HEATHER PARKER**, 841 N. PINE AVENUE, OCALA, FL 34475-8881.

HEATHER PARKER, INCORPORATOR

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

HER PARKER, Registered Agent

Date

State of Florida County of: Marion FDL- P626-337-69-877-0

The foregoing instrument was acknowledged and sworn to before me this _____ day of August, 2002.

Notary Public

My Commission Expires:

LISA SKOVRONSKY

Notary Public, State of Fiorida

My comm. expires April 24, 2006

No. DD088990