# P03000016310

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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# TRANSMITTĀL LETTER

Department Division of PO Box 63	f Corporations			
Tallahasse	ee, FL 32314			
SUBJECT:_	ASI ASSOCIATES, INC. (Proposed corporate name-must in			
Enclosed is a check for	is an original and one (1) corr:	py of the articles of inco	orporation and_	
<u>X</u> \$70.00	\$78.75	<u>=</u> \$122.50	\$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy & Certificate	
FROM:	CONROY ANGLIN	=		
rkowi.	Name (printed or type	ed)	.± <del>.</del>	
	6270 NW 2 <sup>ND</sup> ST	··· <u>·</u> ···	<del>ड</del> िंग -)क	
	Address			
-	MARGATE, FL 33063 City, State & Zip		ogen - "I	
_	(954) 501-8838		e e	
	Daytime Telephone n	umper		

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

FILED

03 FEB - 5 PM 2: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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 1 NAME

The name of this corporation shall be:

ASI ASSOCIATES, INC.

## ARTICLE II MAILING ADDRESS

The principal business/mailing address of this corporation is:

6270 NW 2<sup>ND</sup> ST MARGATE, FL 33063

# ARTICLE III NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is (are):

JANITORIAL SERVICES

## ARTICLE IV SHARES

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

100 (ONE HUNDRED SHARES)

#### ARTICLE V INITIAL OFFICERS/DIRECTORS

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

CONROY ANGLĪN, PRESIDENT 6270 NW 2<sup>ND</sup> ST MARGATE, FL 33063

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CONROY ANGLIN 6270 NW 2<sup>ND</sup> ST MARGATE, FL 33063

### ARTICLE VII INCORPORATOR (S)

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

CONROY ANGLIN 6270 NW 2<sup>ND</sup> ST MARGATE, FL 33063

The undersigned incoporator(s) has (have) executed these Articles of Incorporation this 13<sup>TH</sup> DAY OF JANUARY, 2003.

CONROY ANGLIN
Signature

Articles of Incorporation Filing Fee - \$35

## <u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFCE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUES, 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 ASI ASSOCIATES, INC.	<u>.</u>
2. The name and add	dress of the registered agent and office is:	
	CONROY ANGLIN (Name)  6270 NW 2 <sup>ND</sup> ST (PO Box not acceptable)  MARGATE, FL 33063	03 FEB -5 PM 2: 53 SECRETARY OF STATE TALLAHASSEE, FLORID
	(City, State, Zīp)	53 ATE RIDA

Having been named as registered agent and to accept service of process for the above state 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 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

760 03 - 03 Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314