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# EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone #

OFFICE USE ONLY

Examiner's Initials

CUSTOMER SUPPOL	SERVICES INC.	
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NEW FILINGS	AMENDMENTS TO THE PROPERTY OF	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
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OTHER FILNGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation —	Limited Partnership	
	Reinstatement	
	Trademark	

Other

## ARTICLES OF INCORPORATION

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### ARTICLE I - NAME

The name of the corporation shall be:

CUSTOMER SUPPORT SERVICES, INC.

### ARTICLE II - PRINCIPAL OFFICE

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

11812 S.W. 103 LN MIAMI, FL 33186

# ARTICLE III -SHARES

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

100 SHARES

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALFONSO J. CASTILLO 11812 S.W. 103 LN MIAMI, FL 33186

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### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

ALFONSO J. CASTILLO 11812 S.W. 103 LN MIAMI, FL 33186

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_\_ 20\_\_\_\_

ARTICLE VI- DIRECTOR(S)

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

ALFONSO J. CASTILLO (P) CARMEN M. ROA (S) 11812 S.W. 103 LN MIAMI, FL 33186

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature