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SLUNE IARY OF STATE TALLAHASSEE FLORIDA

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

	sed is an origina	I and one (1) co	py of the articles	of incorporation a	and a check
for:	\$70.00	\$78.75	78,75° \$77750	\$131.25	
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NOTE: Please provide the original and one copy of the articles.

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.

The name of the corporation shall be:

Rent A Decretary, The STATE TO STATE

ARTICLE II PRINCIPAL OFFICE

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

Davie F1 33325

ARTICLE III SHARES

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

100 At lan Value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Histole Lynne Kerren 530 mulberry Lone Dowie Fr 33335

ARTICLE V INCORPORATOR(S) See instructions for officers/directors ARTICLE V

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

Michele hyn Hosidat,	7e	Leterry	ر ر
Acodut,	Vice	Hos G	
Secretary	Tree	surer	
. 0			
•			

The undersigned inc	:orporator(s) has(have	e) executed these Artic	cles of Incorporation this
day of _	May	aco	<u></u> .
	Mia	- Im	A
		Signature	
		Signature	
		Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	_ Pent	A .	Secreter	Fithe
	•		<u> </u>		
2.	The name and address of the regist	tered agent and office	is:		
	_ Hic	hee Lu (NAME)	Lose	Deman)
	(P.O. Bo	x or Mail Drop Box NOT		tone	~
		CITY/STATE/Zip)	32	325	•

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

DATE

SET TO SET TO STATE

(DATE)

STORIGHT

(DATE)