

P04000072990

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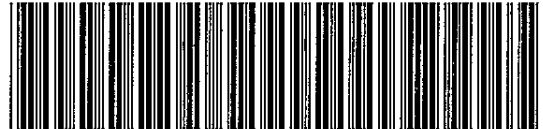
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAY -4 P 1:11

DIVISION OF CORPORATIONS
STATE
TALLAHASSEE, FLORIDA

FILED

04 APR 29 AM 11:15

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M44426
P04-16690

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ADMINISTRATIVE & MANAGEMENT SERVICE
(Corporation Name) (Document #)
2. FKC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 30, 2004

LAZARUS

SUBJECT: ADMINISTRATIVE & MANAGEMENT SERVICES, INC.
Ref. Number: W04000016690

We have received your document for ADMINISTRATIVE & MANAGEMENT SERVICES, INC.. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is M46426.

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) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 204A00029462

RECEIVED
04 MAY - 4 AM 10:52
DIVISION OF CORPORATIONS
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.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be: *MANAGEMENT ADMINISTRATIVE SERVICE CORPORATION*

ARTICLE II - PRINCIPAL OFFICE

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

*8004 N.W. 154 ST
Suite 117
Miami Lakes, 33016.*

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Julio Lugo
8004 N.W. 154 ST
Suite 117
Miami Lakes, FL 33016*

ARTICLE V - INCORPORATOR

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

Julio Lugo
8004 N.W. 154 ST Ste 117
Miami Lakes FL 33016.

The undersigned incorporator has executed these Articles of Incorporation this 28 day of April 2003.


Signature

ARTICLE VI- DIRECTOR(S)

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

Julio Lugo; President
8004 N.W. 154 ST
Suite 117
Miami Lakes, FL 33016.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA