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## TRANSMITTAL LETTER

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

SODJECI	CCTHYCOG	ADMINISTRATIVE SERVICES OF FLORIDA, INC.	
-		(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	
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Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	,	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	TERRY D. BROWN	(Printed or typed)			
-	P.O. BOX 693896	Address		04 JIII - q	SECKL IT
-		33269-0896 State & Zip	-	2 :: 2 :: 2	= 
_	(305) 790–0093	elephone number			

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

ARTICLES OF INCORPORATION		
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME	·	
The name of the corporation shall be:		
BUSINESS ADMINISTRATIVE SERVICES OF FLORIDA, INC.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
P.O. BOX 693896 MIAMI, FLORIDA 33269-0896		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
BUSINESS OFFICE MANAGEMENT, BOOKKEEPING, ADMINISTRATIVE AS SECRETARIAL SERVICES.	ND	
ARTICLE IV SHARES		
The number of shares of stock is:		
1,000 SHARES		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):		
TERRY D. BROWN, PRESIDENT	04 JUL -9	CEPER 7
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:	**	
TERRY D. BROWN	<b></b>	•
16301 NW 18 COURT MIAMI, FL 33054	•	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
TERRY D. BROWN 16301 NW 18 COURT MIAMI, FL 33054		
smane, EM JJVJT		
**************************************	rporation at the place designated in t	
(N/V) AL IIII /	JULY 8, 2004	
Signature Registered Agent	Date	

refincorporator

JULY 8, 2004

Date