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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

in-office services, inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
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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 I NAME

(The name of the corporation shall be:) IN-OFFICE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

ARTICLE III SHARES

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

ARTICLE IV

-INITIAL REGISTERED AGENT

CECTLE GAGNON

-STREET ADDRESS

821 BUCK STREET, HALLANDALE, FL. 33009, U.S.A.

(The name and address of the initial registered agent is:)

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

(The name(s) and street address(es) of the incorporator(s) to these

Articles of incorporation is(are):)

CECTLE GAGNON

821 BUCK STREET, HALLANDALE, FL. 33009, U.S.A.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this	04 OCT 28 PM 4: 42	SECRETARY OF STATE
NITRATITE		

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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:	IN-OFFICE SERVICES, INC.	
2. The name and address of the registe	ered agent and office is:	
	CECILE GAGNON	_
	(NAME)	•
	821 BUCK STREET,	
(P.O. Box	or Mail Drop Box NOT ACCEPTABLE)	•
	HALLANDALE, FL. 33009	_
	(CITY/STATE/ZIP)	
corporation at the place designated in agent and agree to act in this capacity	ent and to accept service of process for this certificate, I hereby accept the appoin . I further agree to comply with the provi formance of my duties, and I am familiar I agent.	ntment as registered isions of all statutes
Ceicle Gren (SIGNATURE)	OCTOBER 28 (DATE)	SECRETARY TALL ABASS OF OC 58
DIVISION OF CORPORATIO	ONS, P.O. BOX 6327, TALLAHASSE	PH 44 42
		. •

HOUMAN 215

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