

10/16/2019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 OCT 16 PM 12:08
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Certified Electronic Transcription Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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OCT 17 2019

T. SCOTT

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: Certified Electronic Transcription Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3530 Mystic Point Drive, PH 10

Mailing address, if different is:

Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Manufacture and Produce Transcripts

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William C. Hussey, Director

Name and Title: _____

Address White and Williams LLP
1650 Market Street, One Logan Square
Philadelphia, PA 19103

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2019 OCT 16 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: William C. Hussey, Esquire
Address: 1650 Market Street, One Logan Square
Philadelphia, PA 19103

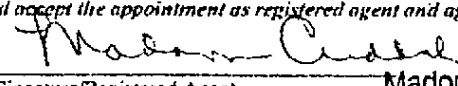
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-16-2019 (OPTIONAL)

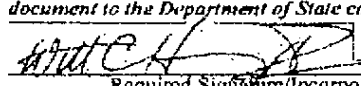
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: C T Corporation System  10-16-19
Required Signature/Registered Agent Madonna Cuddihy Assistant Secretary Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 10-16-2019
Required Signature/Incorporator Date