

P95000003096

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OFFICE USE ONLY

900001377539  
-01/12/95--01041--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

1. ADMINISTRATIVE CONSULTANTS, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input 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

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STATE  
SECRETARY OF CORPORATIONS  
95 JAN 12 11:10:11

1-12

Examiner's Initials

KAN

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 12 AM 10:11

Articles of Incorporation  
of

**ADMINISTRATIVE CONSULTANTS INC.**

**It Is Hereby Certified That:**

1. The name of the corporation is: **ADMINISTRATIVE CONSULTANTS INC.**

2. The purposes for which the corporation is formed are:

To engage in any act or activity for which corporations may be formed under the General Corporations Law, provided that the corporation shall not engage in any act or activity which requires the consent or approval of any State official, department, board, agency or any other body, without first having obtained such consent.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the corporation shall have and may exercise all of the powers conferred by the General Corporation Law upon corporations formed thereunder, subject to any limitations contained in any statute of the State of Florida.

3. The name and address of the initial registered agent of the corporation is:

**William L. King      5650 C Fox Hollow Drive      Boca Raton, Fl 33486**

4. The mailing address and principal place of business of the corporation is:

**c/o The Corporation  
5650 C Fox Hollow Drive  
Boca Raton, Fl 33486**

5. The aggregate number of shares which the corporation shall be authorized to issue is **100**, with no par value

6. The name and address of the incorporator is:

**Guy A. Rider      1084 Madison Avenue      Albany, NY 12208**

7. The corporation is to exist perpetually.

8. This corporation shall have one officer and director, initially. The name and street address of the initial officer and director, who shall hold office for the first year of the corporation, or until their successor is elected, is:

William L. King      5650 C Fox Hollow Drive      Boca Raton, Fl 33486

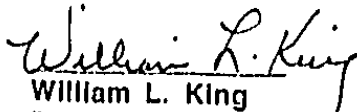
In Witness Whereof, the undersigned incorporator, being over the age of 21, has executed this certificate on the 21st day of December, 1994.

  
Guy A. Rider  
Incorporator

**Acceptance of Appointment as Registered Agent**

I, William L. King, do hereby accept appointment as registered agent of  
**ADMINISTRATIVE CONSULTANTS INC.** and am familiar with the provisions of  
section 607.325 of the Florida General Corporation Act.

Dated: 12-28-94

  
William L. King  
Director

Document Number Only

P95000003096

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

FILED  
97 APR 29 PM 4:07  
SECRET  
TALLAHASSEE, FLORIDA  
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-04/29/97--01096--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Administrative Consultants, Inc.

RA  
Change

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation            | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

Name	
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Verifier	Don
Acknowledgment	Don
W.P. Verifier	Don

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4/29/97

CR2E031 (1-89)

97 APR 29 PM 12:52

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,  
Florida Statutes, the undersigned corporation organized under the laws of the State of  
Connecticut submits the following statement in order to change its registered office  
or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Administrative Consultants, Inc.

1b. Date of Incorporation June 1971 Document number 11-2234995

2. The name and address of the current registered agent and office:

Insurance Commissioner

200 East Gaines Street, Tallahassee, FL 32314-6200

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office  
of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by  
an officer so authorized by the board.

Albert A. Generali

SIGNATURE

April 23, 1997

DATE

Albert A. Generali, President

Typed or printed name and title

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 RELATIVE TO THE PROPER AND COM-  
plete PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT  
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE BY Hinda Weinberger

(Registered Agent) Assistant Secretary

DATE April 25, 1997

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

CR2E045 (7-91)

(FLA. - 2194 - 3/4/92)

FILING FEE: \$35.00