# P95000004547

#### TRANSMITTAL LETTER

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

500,0001371575 -01/05/95--01093--003 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	H.C.S., INC. Proposed corporate	name - must include suf	fix)	
Enclosed is an original for :  [] \$70.00  Filing Fee	and one (1) cop  \$78.75  Filing Fee & Certificate	y of the articles of in \$122.50 Filing Fee & Certified Copy	ncorporation and    X \$131.25   Filing Fee,   Certified Copy   & Certificate	D.C.
FROM:	OM:  H.C.S., INC.  Name (printed or typed)  2032 SE OLD DIXIE HWYSUITE 2		BUITE 2	FILED STATENS ISJUNT OF STATENS ISJUNT OF CORPORATIONS 95 JAN 18 PH 4: 11
	1-407 <b>-</b> 56	Address CH. FLORIDA 329 ity, State & Zip 62-0978 / 1-800- e Telephone number		377 >7

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



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 6, 1995

LISA M. ROLL 2032 S.E. OLD DIXIE HIGHWAY SUITE 2 VERO BEACH, FL 32962

SUBJECT: H.C.S., INC.

Ref. Number: W95000000377

We have received your document for H.C.S., INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly landled.

If you have any questions about he availability of a particular name, please call (904) 488-9000.

Please return 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 (904) 487-6915.

Kevin Nickens Document Specialist

Letter Number: 595A00000608

FILED SECRETARY OF STATE CIVISION OF CORPORATIONS

95 JAN 18 PM 4:11

#### 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:

K.H.C.S., INC.

#### ARTICLE II PRINCIPAL OFFICE

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

2032 SE OLD DIXIE HWY.-SUITE 2 VERO BEACH, FLORIDA 32962

#### ARTICLE III SHARES

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

(100) one hundred

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LISA M. ROLL 2032 SE OLD DIXIE HWY.-SUITE 2 VERO BEACH, FLORIDA 32962

#### ARTICLE V INCORPORATOR(S)

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

LISA M. AOLL 2032 SE OLD DIXIE HWY.-SUITE 2 VERO BEACH, FLORIDA 32962

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of fanciary 1995.

Roll
Signature

Signature

Articles of Incorporation Filing Fee - \$35

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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	e of the corporation is:
2. The name	e and address of the registered agent and office is:
	LISA M. ROLL
,	(Name)
	2032 SE OLD DIXIE HWYSUITE 2
	(P.O. Box not acceptable)
	VERO BEACH, FLORIDA 32962
	(City/State/Zip)
Having been above stated the appoint	n named as registered agent and to accept service of process for the discription at the place designated in this certificate, I hereby accept nent as registered agent and agree to act in this capacity. I further agree ith the provisions of all statutes relating to the proper and complete perform duties, and I am familiar with and accept the obligations of my position
to comply windered as registered	ith the provisions of all statutes relating to the proper and complete perform duties, and I am familiar with and accept the obligations of my position if agent.
Kin	(Signature) 1-1-95 (Date)