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

Sar- Pro

CHURDURD (DESCRIP) - 01. 19095 - 01100 - 001 - ***** (5) 75 - **** (6) 75

SUBJECT:	PHD-OHA- ENTERPRISE, TAC.	
	(Proposed corporate name - must include sulfix)	
Enclosed is an origin	al and one (1) copy of the articles of incorpo	Oration and a chock
for : \$70.00 Filing Fac	\$78.75 \$122.50 \$\$ Filling Fee Filling Fee & Certified Copy Certi	3131.25 ng Fao, fied Copy ertificate
FROM:	CELINE RIVEST & ANDRE P LEVI	<u> ຂຮຽນສ</u>
	1293 S.W. 112 Way	
	Address	
. 4	Fort Lauderdale, F1 33325	95 11411 1411
	City, State & Zip	AHASI
	(305) - 922-7708	
)	Daytime Telephone number	All 7: 2:

T. BROWN FEB - 6 1995

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 23, 1995

CELINE RIVEST 1293 S.W. 112 WAY FORT LAUDERDALE, FL 33325

SUBJECT: PRO SER ENTERPRISE, INC.

Ref. Number: W95000001510

We have received your document for PRO SER ENTERPRISE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

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 handled.

If you have any questions about the 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) 487-6932.

Teresa Brown Corporate Specialist

Letter Number: 395A00002587



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:

SER-PRO ENTERPRISES, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1293 S.W. 112 Way FORT LAUDERDALE, FL 33325

ARTICLE III SHARES

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

100 shares at \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CELINE RIVEST 1293 S.W. 112 Way FORT LAUDERDALE, FL. 33325

ARTICLE V INCORPORATOR(S)

The name(s) and street address(as) of the incorporator(s) to those Articles of incorporation is(are):

Andre P. Levenque, 1293 S.W. 112 Way, Fort Lauderdale, Fl. 33325 Collae Rivent, 1293 S.W. 112 Way, Fort Lauderdale, Fl. 33325

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

<u> 16 day of January</u>, 19<u>95</u>.

Signaturo

Signaturo

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.	1. The name of the corporation is: SER-PI	RO ENTEPPRISES, Inc.
		
2.	2. The name and address of the registered ager	it and office is:

CELINE RIVEST	F 22 95
(Name) 1293 S.W. 112 Way	FIL LLAHASS
(P.O. Box not acceptable)	——————————————————————————————————————
Fort Lauderdale, F1. 33325	25 H
(City/State/Zip)	

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Colone January 16th, 1995
(Signature) (Date)

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