

P95000013492

DATE _____

SECRETARY OF STATE
CORPORATION DIVISION
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32304

RECEIVED FEB 16 1995
12:00 PM

RE: ACCREDITED DOCUMENT SERVICE, INC.
(Name of Corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 AM 9:48

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH A COPY OF SAID
ARTICLES FOR ACCREDITED DOCUMENT SERVICE, INC.
(Name of Corporation)

OUR CHECK IN THE AMOUNT OF \$122.50 INCLUDES THE FOLLOWING:
FILING FEE
CHARTER TAX
REGISTERED AGENT
CERTIFIED COPY

TOTAL \$122.50

RESPECTFULLY SUBMITTED,

Dominic J. Minniti
(INDIVIDUAL'S NAME)

ACCREDITED DOCUMENT SERVICE, INC.
(NAME OF CORPORATION)

Dominic J. Minniti
6366 S.W. 20th St.
Miami, FL 33155

KAN 2-17

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT _____
(Name of Corporation)

WITH ITS PLACE OF BUSINESS AT _____
(Business Address, City and State)

HAS NAMED _____
(Name of Registered Agent)

LOCATED AT _____
(Street Address and Number Of Building,
Post Office Box Addresses ARE NOT Acceptable)

CITY OF _____, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE
(City)
OF PROCESS WITHIN FLORIDA.

SIGNATURE _____
(Corporate Officer)

TITLE _____

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION,
AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY,
AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____
(REGISTERED AGENT)

DATE _____

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(NOTE: There is a filing fee of \$3.00 for this certificate)