**Charter Number Only** 

# P950000/48/0

ONLY

Requestor's North

Address

City State ZIP Phone

800001412488 -02/22/95--01018--026 \*\*\*\*122.50 \*\*\*\*122.50

#### CORPORATION(S) NAME

The Perso	ONAL RESOURCE	Company	
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<b>€</b> ) Profit			
( ) NonProfit	( ) Amendment	(	) Merger
( ) Foreign	( ) Dissolution	(	) Mark
( ) Limited Partnership	( ) Annual Report	1 (	) Other
( ) Reinstatement	( ) Reservation	(	) Change of Registered Agent
(L) Certified Copy	( ) Photo Caples	(	) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem		) After 4:30
Walk In	( ) Will Walt	(V) Pick Up	( ) Mail Out
Name		,	

Name
Availability
Document
Examiner

Updater

Verifler

Acknowledgment

W.P. Verifler

CERTIFIED H. SINS FEB 2 2 1995 LOPY MPIRE Toll Free: 1-800-432-3028



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 | NAME

The name of the corporation shall be:

#### ARTICLE II PRINCIPAL OFFICE

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

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

100

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

The name and address of the initial registered agent is:

### ARTICLE V INCORPORATOR(S)

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

DR. MICHAEL ADAMSE

DR. SHENEE MOTTA

1515 N. FEDERAL Huy #218

BOCA RATUM, FLA 33432

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

7 TH day of FEB , 1995.

Shere D Math. Psyl

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 of the corporation is: The Personal Personal Co
	<u> </u>
2.	The name and address of the registered agent and office is:
	(Name) Adamse
	1515 N. Federal Hwy #718  (P.O. Box not acceptable)
	BOCA CATUN FLA 33472 (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.

9r. C. C. 2 17/95
(Signature) 7 (Date)