# TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 For Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

(Proposed corporate name - must include suffix)

SUBJECT: CAMPUS PARTNERS , INC.

Enclosed is an origina for : \$70.00 Filing Fee	l and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fes, Certified Copy & Certificate	and a check		
FROM: Name (printed or typed)						
	Name (printed or typed)  /27/0 N. W. 1912, MANOR  Address  CORAL SPRINGS FL 3307/  City, State & Zip					
		S-8792 Telephone number	(	3/1/95		

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

### **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:

Campus Partners, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

12710 N. W. 19th. Manor Coral Springs, Florida 33071

### ARTICLE III SHARES

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

10,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nancy J. Ricker 12710 N. W. 19th. Manor Coral Springs, Florida 33071

### ARTICLE V INCORPORATOR(S)

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

John M. Ricker 12710 N. W. 19th. Manor Coral Springs, Florida 33071

Nancy J. Ricker 12710 N. W. 19th. Manor Coral Springs, Florida 33071

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

20 day of March 1991.

The March 1991.

Signature

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 of the corporation is:_	CAMPUS	PARTNERS	INC			
	•						
2.	The name and address of the reg	jistered agent	and office is:				
	NANCY J. RICH	Keel					
		(Name)		<del></del>			
	12710 N.W. 19	A. MANOI	2				
	(P.O. Box or Mail Drop Box NOT acceptable)						
	CORAL SPRINGS	FLORID	A 33071				
		(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.

General 3/20/95 (Signature) (Date)