

**P95 000044822**

**CARL T. WATKINS**  
CERTIFIED PUBLIC ACCOUNTANTS

7346 JACKSON SPRINGS RD.  
TAMPA, FLORIDA 33634

TELEPHONE (813) 884-7246  
FAX (813) 885-3478

May 31, 1995

**4000001505104**  
-06/02/95--01083--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sir/Madam:

I have enclosed Articles of Incorporation to establish a professional service corporation in the State of Florida in the following name:

FA SERVICES, INC.

I have enclosed a check for \$70.00 for the applicable fees. I would like to request that you process this document as soon as possible and return the corporation charter number to me at the above address. I have also enclosed a duplicate copy of the Articles for you to stamp and return to me. I would appreciate a speedy process of this document.

Sincerely yours,

*Carl T. Watkins*  
Carl T. Watkins, CPA

3 Encl.

*SDS*

513  
95 JUN 2 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION  
OF  
FA SERVICES, INC.

The undersigned, desiring to form a corporation for profit pursuant to the Laws of the State of Florida, do hereby certify as follows:

**ARTICLE I**

The name of the Corporation shall be: FA SERVICES, INC..

**ARTICLE II**

The Corporation shall be entitled to engage in any activity permitted under the laws of the State of Florida.

**ARTICLE III**

The capital stock of the Corporation shall be divided into shares of \$1.00 par value, with 7500 shares of common stock authorized, and each share shall entitle the holder thereof to vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, with property or in labor or services, at a valuation fixed by the incorporators or by the Board of Directors, at a meeting called for such purpose. All stock when issued shall be fully paid for and shall be non assessable.

#### **ARTICLE IV**

The amount of capital with which this Corporation shall begin business will be a minimum of \$100.00.

#### **ARTICLE V**

The Corporation shall have perpetual existence.

#### **ARTICLE VI**

The principal office of the Corporation shall be located at 3605 N.E. 207st ST. , MIAMI, FL. 33180 but the Corporation shall have power to establish branch offices and other places of business at such other places within or without the State of Florida, as may be determined and deemed expedient by the Directors.

#### **ARTICLE VII**

The Board of Directors of the Corporation shall not be less than one (1) nor more than seven (7) unless otherwise provided in the By-laws. The Directors may make or amend the By-Laws. The meeting of Directors may be held within or without the State of Florida. A person shall not have to be a stockholder in order to qualify as a Director.

#### **ARTICLE VIII**

The name and address of the Incorporators and the members of the Board of Directors who shall hold office for the first year or until successors are duly elected and qualified shall be:

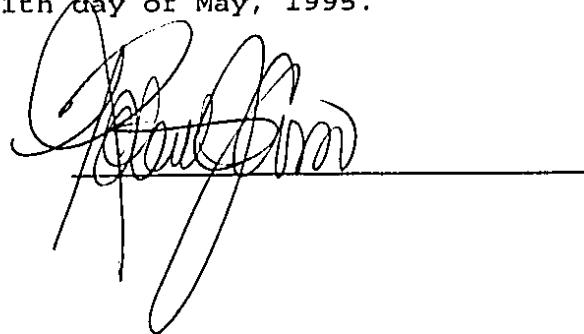
ROBERT J. CORSO  
3605 N.E. 207st ST.  
MIAMI, FL. 33180

## ARTICLE IX

The time and place of the annual stockholders meeting shall be on May 1st of each and every year at the principal office of the Corporation unless otherwise fixed in the By-Laws or a resolution of the Board of Directors and any stockholders may waive notice thereof either before or after the meeting.

The Board of Directors shall be elected annually by the Stockholders at their annual meeting or at a special meeting held for that purpose. All vacancies in the Board shall be filled by the Board until the next annual meeting and the Board shall have the right to increase or decrease its number of Directors within the limits of this Charter.

IN WITNESS WHEREOF, I, the subscriber, have executed these Articles of Incorporation, this 31th day of May, 1995.

A handwritten signature in black ink, appearing to read "John Smith", is written over a horizontal line. The signature is fluid and cursive, with "John" on top and "Smith" below it.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE  
STATE, NAMING AGENT UPON WHO PROCESS MAY BE SERVED**

In pursuant of Chapter 48.091, Florida Statutes, the following is submitted in accordance with said Act:

FIRST-- that FA SERVICES, INC. of the State of Florida with its principal office as indicated in the Articles of Incorporation, has named CARL T. WATKINS, CPA, as its agent to accept service of process within the State at 7345 Jackson Springs Road #3, Tampa, Florida 33634.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

Carl T. Watkins

CARL T. WATKINS, CPA

Registered Agent

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

I HEREBY CERTIFY that on this day before me, a Notary Public, duly authorized to take acknowledgements in the State and County named above, personally appeared Robert J. Corso to me well known to be the person described in the foregoing and acknowledged before me that she subscribed to these Articles of Incorporation for the purposes therein expressed.

.....  
Sworn to and subscribed before me this 31th day of May,  
1995.

Brigitte M. Terry  
NOTARY PUBLIC, STATE OF FLORIDA  
My commission expires:   
BRIGITTE M. TERRY  
MY COMMISSION # CC414904 EXPIRES  
October 20, 1998  
BONDED THRU TROY FAIR INSURANCE, INC.  
6111 11:19

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPROVED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

96 OCT 25 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044822

1. Corporation Name  
PA SERVICES, INC.

Principal Place of Business Mailing Address  
2112 Cypress Bend Dr. #201  
Pompano Beach, Fl. 33069 same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Bldg, Apt #, etc.

Bldg, Apt #, etc.

City & State

City & State

Zip

Zip

Country

Country

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
S PO	Robert J. Corso	same as above	same as above
			6000001981926--9 -10/31/96-01040--019 *****375.00--*****375.00-
			<i>8/10/96</i>

8. Name and Address of Current Registered Agent

Mr. Carl T. Watkins  
7345 Jackson Springs Rd. No. 3  
Tampa, Fl. 33634

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Carl T. Watkins*  
REGISTERED AGENT MUST SIGN

Date *10/22/96*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information  
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0101 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *John M. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Oct 22 96 9549698871*

Daytime Phone #

CR2045 (12/95)