

P95000049665
TRANSMITTAL LETTER

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

100001521941
-06/23/95--01062--003
****122.50 ****122.50

SUBJECT: TIME OUT SERVICES INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

ACCOUNTING PROFESSIONALS GROUP INC.

Name

6220 S. ORANGE BLOSSOM TRAIL SUITE 142

Address

ORLANDO, FLORIDA 32809

City, State, & Zip

(407) 856-1906

Telephone Number

JUN 26 1995 BSE

FILED
95 JUN 23 PM 1:28
TALLAHASSEE, FL 32314

Note: Additional copy of articles is needed only when certified copy is requested.

**ARTICLES OF INCORPORATION
OF**

TIME OUT SERVICES INC.

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:

TIME OUT SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

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

1407 McCOY ROAD SUITE M ORLANDO, FLORIDA 32819

ARTICLE III CAPITAL STOCK

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

100 SHARES OF COMMON STOCK, NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MAGALI NEGRON 1610 SUMMERWIND DR. WINTER PARK, FL 32792

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

MAGALI NEGRON 1610 SUMMERWIND DR. WINTER PARK, FLORIDA 32792
MARILU CLEMENT 1407 McCOY ROAD SUITE M ORLANDO, FLORIDA 32819

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

16th day of JUNE, 19 95

Allegre Mason, L. PRESIDENT
Signature/Title

Signature/Title _____ SECRETARY

Signature/Title

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 807.0801, 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: TIME OUT SERVICES INC.

2. The name and address of the registered agent and office is:

MAGALI NEGRON

(NAME)

1610 SUMMERWIND DR.

(P.O. BOX NOT ACCEPTABLE)

WINTER PARK, FLORIDA 32792

(CITY/STATE/ZIP)

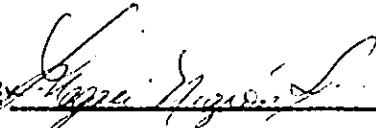
SIGNATURE 

(Corporate Officer)

TITLE PRESIDENT

DATE JUNE 16, 1995

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE JUNE 16, 1995

REGISTERED AGENT FILING FEE: \$35.00

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95 JUN 23 PM 1:28
TALLAHASSEE, FLORIDA