# P50004996 TRANSMITTAL LETTER

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

800001522708 -06/26/95--01024--008 \*\*\*\*131.25

| 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 | f incorporation and a check  S131.25  Filing Fee, Certified Copy & Certificato Required |  |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|--|
| FROM: RAYMOND F CAILAHAN  Naine (printed or typed)  1/035 50 OCEAN BRIVE  Address |   |   |   |  |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |  |
|   |   | 7 - 9 90 0<br>Telephone number                        |   |  |  |  |  |  |  |  |
|   |   |   | 6/56/95   |  |  |  |  |  |  |  |

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

SUBJECT: ELite Intermational + INVESTIGATION Set varices INC
(Proposed corporate name - must include suffix)

### 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: ELIFE INFORMATIONNE +
INVESTIGATIONS SCRICES INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11035 50.00 CAN DRIVE TENSON BENCH FI 34957

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 3

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAYMOUR F CAMPLAN 11035 SC OCEAN DRIVE JENGEN BEACH F 34957

#### ARTICLE V INCORPORATOR(S)

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

RAYMOND F CAMALONER 1504 SE ROYAL GO CIA PEC FI. 34952

ROSEANN B CAMALON 1504 SE RUME GO CIA PEC FI 34952

KATHELN P CAMALON 1504 SE RUME GO CIA PEC FI 3455.

KATHELN P CAMALON 22 BR BUR RD JYDSSLT NY 11791

RAYMOND F CAMALON 22 BR BUR RD JYDSSLT NY 11791

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

14 day of APRIL , 19 95.

\_\_\_\_

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: ELIFE INFOIMATIONS & +  INVESTIGATION SERVICES INC |
|---|
| 2. The name and address of the registered agent and office is:                        |
| BAYMUND F CAMBLAR   |
| (Name)  |
| 11035 50 OCEAN DRIVE  |
| (P.O. Box or Mail Drop Box NOT acceptable)  |
| JENSEN BEACH FLORIDA 34957  |

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.

(City/State/Zip)

(Signature)

|     |         |  |   |   |   |   |  | <del>-</del>   |                                       |            |  |
|-----|---------|--|---|---|---|---|--|--|---------------------------------------|------------|--|
|     |         |  |   |   |   |   | FORM   |  |                                       |            |  |
|     |         |  |   | - TUCTIC  | NS BEFORE C   | OMPLETING TI  | AIS FORM                                       |  |                                       | •          |  |
|     |         |  | PLEASE READ AL  | L INSTRUCTS FLORIDA DEPAR                                 | TMENT OF STATE  3. Mortham  | FU  | LED  |  |                                       |            |  |
| 1   | APF     | LICA   | TION ATT  | 30114   | ry of State<br>CORPORATIONS   | 1   | 12 AH 9:49                                     |  |                                       |            |  |
| - 1 |         | COF  | 4 666   | DIVISION OF   | COM   | 1   | RY GE STATE                                    |  | \ \                                   |            |  |
| 1   | (EIN    | SIA  | EMENT P95000  | 049790  | - DUICES IN   | TALLAHAS  | SEE, FLORIDA                                   |  |                                       | W. S.      |  |
| 1   | OO(C    | UIVIE  | NT # P95000<br>DRMATIONAL & INV   | ESTIGATION S  | EHAIOTO   |   |  | 10 18 - 96   |                                       | • •        |  |
|     | LITE    | INFO   | DRMATION  | Mailing Addross   |   |   |  | 11.08 .96  |                                       | · · · ·    |  |
| . ( | 3.      | al Place of  | Business  | - AARTS 181   | WE-<br>W067-  |   |  | 1996 11-15.96  |                                       |            |  |
|     | -44095- | 6-OCEAN<br>N BEACH   | THIVE   | - CHOCK DOWN  | <b>- h</b> 0  | REINSTA   | Living Oughfied                                | 06/23/1995   |                                       | <b>ૐ</b> . |  |
| }   | ٠       |  | unu king  | through incorrect information Of                          | tion and enter correction us<br>lice Address, il Applicable   | 4. Date incorpor<br>To De Busine  | so in Florida                                  | Applied For  | }                                     |            |  |
|     | II al   | bove addre   | Business  DRIVE FL-9997  Dasses are incorrect in any way, line and Office Address, if Applicable  CC14 G/Len C.   | PO Bo   | × 7576 FI   | 5. FEI Number   |  | Not Applicable  88 75 Additional Fee require   | d .                                   |            |  |
|     | 150     | 4 SE   | Rei'd Green C.C.  | City & State  | <u>Lucis</u>  | 6.<br>CERTIFICAT  | E OF STATUS DESIRED                            | \$8.75 Additional Fee Industrial for a Certificate of Status   |                                       |            |  |
|     | 13      | of C<br>y a State  | et Luis Florida   |   | Country   | - Het at loast 3 directors)   |  | City / State / Zip   |                                       |            |  |
|     | 肾       | 2.195  | Country  Country  Country  Addresses of Each Office  And Street Addresses of Each Office  and Street Addresses of Each Office  and/or Direct  and/or Direct | or and/or Director (Floric                                | ta nonprofit corporations mu<br>Street Addr   | ross of Each for Director Nor Director Nor Director   | 10 1 56  | 11168 1  |                                       |            |  |
|     | E       | Namos  | and Street Addresses of Each Office<br>Name of Office<br>and/or Direct  | ors<br>lors   | 1504 SE ROYAL   | CIEN CAL  | Port St.                                       | 34953<br>F1  |                                       |            |  |
|     |         | Title(B)   | Dalmord F. CAL  | Vahan   | 1504 SE ROYAL   |   | Port St.                                       | 34952  |                                       |            |  |
|     |         | 7  | RAYMO SI  | Hahan   | 1504 SE ROYE  | I GURA CHA  | Poet Si  | 34952<br>34952   |                                       |            |  |
|     | 1       | P KATHER PCAllahan  VP KATHER PCAllahan  Raymond F Callahan  Jr. |   | 10600   | 1504 SE ROYE  | 04  | PORT St. L.                                    |  |                                       |            |  |
|     | l l     | F  | . Raymond F (4)   | Jr  | Apt CI<br>Apt CI  | 04  |  | 34952<br>2009203-<br>20/96-01015-001   | -4                                    |            |  |
| 6   |         | \- <u>'</u>  | Rosenn B. Car   | 11 A hav.   | - Apt. C  |   | 34135  | 20/3601015001<br>20/3601015001<br>*375.00 ****375.   | .TUU                                  |            |  |
|     |         | 5  | -   |   |   |   |  |  |                                       |            |  |
| ,   |         | \  |   |   |   | 9. Na   | me and Address of N                            | lew Registered Agent   | CR2E040 (7/96)                        |            |  |
|     |         |  | and Addre   | ess of Current Registers                                  | d Agent   | Name CALAHA Street Address (P.O. Bo   | Number is Not Acce                             | plable)  | S                                     |            |  |
|     |         | F  | DAVMOND F   |   |   | Suita Apl. #, Etc.  | (A) GIENT                                      | State Zip Code<br>FL 349.  |                                       |            |  |
|     | 1       |  | -11035-S-OCEAN DRIVE  |   |   | 1000  | ***************************************        | 1511391  | i                                     |            |  |
|     |         |  | -JENSEN BEACH FL 3435   |   | - Iamilia   | Port St. L  | tions of Section 607.0                         | 505, F.S.<br>NOV. 7, 199   | 6                                     |            |  |
|     |         |  | -11055 S. OCEAN DRIVE<br>VENSEN BEACH FL 34957  | ed agent of the above na                                  | med corporation and the   | WIRED_  |  | (See other side for information of intendible tax.   | mation                                |            |  |
|     |         |  |   |   |   |   |  |  |                                       |            |  |
|     |         | ١ ١  | Registered Agent  | oration pay any   | intangible tax to   | Statutes. Yes L   | 1 NO L   | 507 or 617. F.S. I turther certify the   | that all tees<br>mation indicated     |            |  |
|     |         |  | Signature of Registered Agent   | nue under S. 1  | or trustee empowered to es  | xecute this application as posterior this application as posterior the corporate name satisfies | the requirements of so<br>an exemption under s | ection 119.07(3)(i), F.S. 116 iiii   |                                       |            |  |
|     |         |  | 12.1 certify that I am an officer   | or director or the receive<br>on, the reason for dissolu- | r or trustee empowered in the tion has been eliminated, the tion has been eliminated, the times of individuals tisted on lature shall have the same to the times. | this form do not qualify<br>legal effect as if made unde  | roain.   | 507 or 617, F.S. I further certify the cition 607,0401 or 617,0401, F.S. oction 119,07(3)(i), F.S. The information of the cition 119,07(3)(i), F.S. The information of the cition of the | 98-9004                               |            |  |
|     |         |  | owed by the corporation he on this application is true a  | ave been pland my sign<br>and accurate and my sign        | - M. M.   | NOTE P  | Allahan  | Obia Daytune   | · · · · · · · · · · · · · · · · · · · | A.F        |  |
|     |         |  | Y -   | Alton +   | THE OF SIGNING OFF  | FICER OR DIRECTOR   |  |  | (094983                               |            |  |