

PP5000051787

June 27, 1995

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

Re: Turnkey Laser Processing & Mailing, Inc.
224 S. Melville Ave. #5
Tampa, Florida 33606

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation, effective June 1, 1995.

Very truly yours,

Turnkey Laser Processing & Mailing, Inc.

Jeffrey M. Coyle

Mailing Address of Corporation:

Street: 224 S. Melville Ave. #5
City: Tampa, Florida 33606

Telephone: (813) 254-0096

4000001527454
-06/29/95--01083--007
***+122.50 ***+122.50

5 1995 BSB

**ARTICLES OF INCORPORATION
OF
TURNKEY LASER PROCESSING & MAILING, INC.**

FILED
95 JUN 29 AM 11:30

The undersigned subscriber(s) to these Articles Of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: TURNKEY LASER PROCESSING & MAILING, INC.

ARTICLE II - DURATION

The corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 HUNDRED (100) SHARES of common stock, with no par value which shall be designated as "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this corporation is:

Name: JEFFREY M. COYLE
Address: 224 S. MELVILLE AVE. #5
City: TAMPA, FLORIDA 33606

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than (1). The names and addresses of the initial board of directors of the corporation are as follows:

JEFFREY M. COYLE
224 S. MELVILLE AVE. #5
TAMPA, FLORIDA 33606

ARTICLE VII - INCORPORATORS

JEFFREY M. COYLE
224 S. MELVILLE AVE. #5
TAMPA, FLORIDA 33606

ARTICLE VIII - PRINCIPAL OFFICE

The principal office of the corporation shall be at

224 S. MELVILLE AVE. #5
TAMPA, FLORIDA 33606

The mailing address of the corporation shall be

224 S. MELVILLE AVE. #5
TAMPA, FLORIDA 33606

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles
Of Incorporation this 27th day of June, 1995.

Jeffrey M. Coyle
Jeffrey M. Coyle

STATE OF FLORIDA

HILLSBOROUGH COUNTY

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) SS
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before me, a Notary Public authorized to take acknowledgments in the State and
County set forth above, personally appeared:

JEFFREY M. COYLE

known to me and known to be the person(s) who executed the foregoing Articles
Of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and
County aforesaid, this 27th day of June, 1995.

(Notary Seal)

Diana Ortigoza
Notary Public, State of Florida at large

My Commission expires: _____



DIANA ORTIGOZA
COMMISSION # CC 379135
EXPIRES JUN 5, 1998

**CERTIFICATE OF ACKNOWLEDGMENT
OF REGISTERED AGENT**

FILED
95 JUN 29 AM 11:30
TAMPA, FLORIDA

Certificate of Registered Agent
of
Turnkey Laser Processing & Mailing, Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

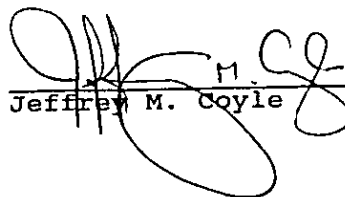
The above corporation, desiring to organize under the laws of the the State of Florida with its registered office as indicated in the Articles of Incorporation at:

224 S. Melville Ave. #5
Tampa, Florida 33606

has named Jeffrey M. Coyle located at the aforesaid address, as its Registered Agent to accept service of process within the state.

Acknowledgment

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 Florida Law in keeping open said office.


Jeffrey M. Coyle

FIN 404-YST-2600 STOP 49 HILMAN, CH.

By Phone. 6-27-95

Form **SS-4**
(Rev. April 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

OMB No. 1545-0003
Expires 4-30-94

1 Name of applicant (True legal name) (See instructions.)	
2 Trade name of business, if different from name in line 1 <u>Turnkey Laser Processing & Mailing Inc.</u>	
3 Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) <u>224 S. Melville Ave #5</u>	
5a Address of business (See instructions.)	
4b City, state, and ZIP code <u>Tampa FL 33606-1764</u>	
5b City, state, and ZIP code	
6 County and state where principal business is located <u>Hillsborough FL</u>	
7 Name of principal officer, grantor, or general partner (See instructions.) <u>Jeffrey Mark Coyle</u>	
8a Type of entity (Check only one box.) (See instructions.)	
<input checked="" type="checkbox"/> Individual SSN <u>26491975</u> 12/15/58	
<input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp.	
<input type="checkbox"/> State/local government <input type="checkbox"/> National guard	
<input type="checkbox"/> Other nonprofit organization (specify) _____ If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify) _____	
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated	
Foreign country _____ State <u>Florida</u>	
9 Reason for applying (Check only one box.)	
<input checked="" type="checkbox"/> Started new business	
<input type="checkbox"/> Hired employees	
<input type="checkbox"/> Created a pension plan (specify type) _____	
<input type="checkbox"/> Banking purpose (specify) _____	
<input type="checkbox"/> Changed type of organization (specify) _____	
<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a trust (specify) _____	
<input type="checkbox"/> Other (specify) _____	
10 Date business started or acquired (Mo., day, year) (See instructions.) <u>6/1/95</u>	
11 Enter closing month of accounting year. (See instructions.) <u>5 (May)</u>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) _____	
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."	
Nonagricultural <u>0</u> Agricultural <u>0</u> Household <u>0</u>	
14 Principal activity (See instructions.) <u>Marketing Services</u>	
15 Is the principal business activity manufacturing? Yes, principal product and raw material used _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check the appropriate box.	
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.	
True name _____ Trade name _____	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.	
Approximate date when filed (Mo., day, year) _____ City and state where filed _____ Previous EIN _____	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Telephone number (include area code) _____	
Name and title (Please type or print clearly.) <u>JEFFREY MARK COYLE</u>	
Signature <u>Jeffrey Mark Coyle</u> Date <u>6/27/95</u>	
Note: Do not write below this line. For official use only.	
Please leave blank _____	
Geo. _____ Ind. _____ Class _____ Size _____ Reason for applying _____	