

09500055829

TRANSMITTAL LETTER

95 JUL 19 PM 12:30
DIVISION OF CORPORATIONS

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

SUBJECT: Absolute Professional Services, Inc.
(Proposed corporate name - must include suffix)

RECEIVED
-07/19/95--01047--002
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Winona L. Wilson

Name (printed or typed)

P.O. Box 3155, 1578 Newhope Rd.

Address

Spring Hill, FL 34606

City, State & Zip

(904) 688-0277

Daytime Telephone number

Will wait

7/19/95
JWS

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:

Absolute Professional Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1578 Newhope Rd.
P.O. Box 3155
Spring Hill, FL 34606

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 2,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Winona L. Wilson

1578 Newhope Rd
Spring Hill, FL 34606

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Winona L. Wilson, 1578 Newhope Road,
P.O. Box 3155
Spring Hill, FL 34606

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

17 day of July, 19 95.

Winona L. Wilson

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Absolute Professional Services, Inc

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

Winona L. Wilson
(NAME)

1578 Newhope Rd

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Spring Hill, FL 34606
(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.

Winona L. Wilson
(SIGNATURE)

7/19/95
(DATE)