

P95000061287

INQUIRY
SERVICES

32314-6327
1028 SOROLLA AVENUE • CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

95 AUG - 7 11:11
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

300001554623
-08/08/95--01033--013
****122.50 ****122.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SHARON L. TALA AUG - 8 1995

Examiner's Initials

ARTICLES OF INCORPORATION
OF
INQUIRY SERVICES, INC.

FILED
95 AUG - 7 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation is: INQUIRY SERVICES, INC.

ARTICLE II - DURATION

The corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - COMMON SHARES

This corporation is authorized to issue 100 shares of ten dollars (\$10.00) par value common stock which shall be designated "common shares."

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale of cash of any new stock of this corporation shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI INITIAL REGISTERD OFFICE AND AGENT

The street address of the initial registered office of this corporation is:

1028 Sorolla Avenue
Coral Gables, FL 33134

The name of the initial registered agent of this corporation at that address is:

Audrey Langford

The principal office address shall be the same as the registered office address.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one director(s) initially. The number of directors may be either increased or decreased from time to time by the bylaws but shall never be less than one. The name(s) and addresses(es) of the initial directors(s) of this corporation is (are):

Audrey Langford
1028 Sorolla Avenue
Coral Gables, FL 33134

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these articles is:

Audrey Langford
1028 Sorolla Avenue
Coral Gables, FL 33134

ARTICLE IX - BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

ARTICLE X - SHAREHOLDERS APPROVAL FOR MERGER

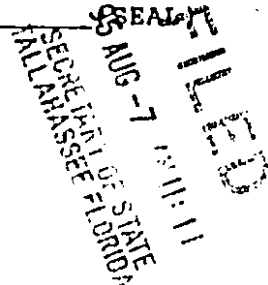
The approval of the shareholders of this corporation to any plan of merger shall be required in every case.

ARTICLE XI - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 1st day of August, 1995.

Audrey Langford
Incorporator



STATE OF FLORIDA)
 SS
COUNTY OF DADE)

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Audrey Langford, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 3rd day of AUGUST, 1995.

Audrey Langford
NOTARY PUBLIC STATE OF FLORIDA AT LARGE
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES AUGUST 20, 1995
FONDED THRU AGENT'S NOTARY BROKERAGE

REGISTERED AGENT ACCEPTANCE

The undersigned Registered Agent hereby accepts his/her appointment as Registered Agent of the corporation

Audrey Langford

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1976 NOV -6 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000061287**

1 Corporation Name

INQUIRY SERVICES, INC.

Principal Place of Business

1028 SOROLLA AVENUE
CORAL GABLES FL 33134

Mailing Address

1028 SOROLLA AVENUE
CORAL GABLES FL 33134

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4 Date Incorporated or Qualified
To Do Business in Florida

08/07/1995

5 FEI Number

65-0601197

Apply

Not A

6 CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	LANGFORD, AUDREY	1028 SOROLLA AVENUE	CORAL GABLES FL 33134

300002002938--
-11713796--01115--000
****375.00 ****375.

8. Name and Address of Current Registered Agent

LANGFORD, AUDREY
1028 SOROLLA AVENUE
CORAL GABLES FL 33134

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

(Signature)
REGISTERED AGENT MUST SIGN

Date **11/04/96**

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 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 this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all of the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 9444033