

P95000071 578

TRANSMITTAL LETTER

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

FOR FILING ONLY  
09/14/95 - 01/01/96  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Accounting Systems Technology, Inc.  
(Proposed corporate name - must include suffix)

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

FROM:

Ron Ducarpe  
Name (printed or typed)

Ron Ducarpe <sup>Set</sup> GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT RA Address  
DATE 9/15  
DOC. EXAM. SAB

4929 E. Colonial Dr.  
Address

Orlando, FL 32803  
City, State & Zip

(407) 844-8377  
Daytime Telephone number

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

SAB  
9/15/95

FILE  
95 SEP 10 1991

## ARTICLES OF INCORPORATION

*The undersigned incorporators, for the purposes 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:

Accounting Systems Technology, Inc.

### ARTICLE II      PRINCIPAL OFFICE

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

4929 East Colonial Dr.  
Orlando, FL 32803

### ARTICLE III      SHARES

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

One Hundred (100) shares of Common Stock

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lucille Ducarpe

5160 Conroy Rd.  
Apt. 1415  
Orlando, FL 32811

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

Lucille Ducarpe  
70113 Highway 1077  
Covington, LA 70433

The undersigned incorporator(s) have executed these Articles of Incorporation this eighth day of September, 1995.

  
Signature

**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:

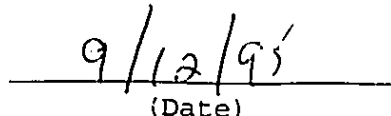
Accounting Systems Technology, Inc.

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

Lucille Ducarpe  
70113 Highway 1077  
Covington, LA 70433

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.

  
(Signature)

  
(Date)