P9600064825

TRANSMITTAL LETTER

| Department of State Division of Corporations P. O. Box 6327 Taliahassee, FL 32314 | 8 | **** | Ξijĵ | / /CICICICI 1 /18/950 ***70,75 | E::9170: 1035-018 *****78.75 |
|--|---|--|--|--|--|
| | | OF Sou 77- | |) INC | |
| Enclosed is an original a for : \$70.00 Filling Fee | \$78.75 Killing Fee & Certificate | of the articles of in \$122.50 Filing Fee & Certified Copy | ncorporation and \$131.25 Filing Fee, Certified Copy & Certificate | check 96 JAN 17 | Cl. (gr d. (gr d. extracted C. and DP |
| FROM: | 1017 | rinted or typed) WOOD I CLE | | PH 1: 49 | 96 |
| | PALM City, | State & Zip | | FC13 | 3418 |
| | 407 | 694116 | 1 | | |

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

Daytime Telephone number

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:

DIRECT SELUICES OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

4500 PGA BOULEVARD # 104 PALM BEACH GAMPENS, FC 33418

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN FORD CIRCLE
1017 WOODFIEDD CIRCLE
PALM BEACH GAMPENS, FL 33418

ARTICLE V INCORPORATOR(S)

| The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): |
|--|
| The name (s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are): Total Ford 1017 WOODIGIE UP CIRCLE 1017 WOODIGIE UP CIRCLE ALLIN BEALTH GAMPENS, FC 33418 |
| |
| The undersigned incorporator(s) has(have) executed these Articles of Incorporation this |
| Signature |
| Signature |

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

| PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FUORIDAL STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED UNFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA. |
|---|
| 1. The name of the corporation is: DRECT SERVICES OF SOUTH FLORIDA, INC. |
| 2. The name and address of the registered agent and office is: |
| Totto Form |
| |
| PAUM State/Zip) CINCLE (P.O. Box not acceptable) PAUM State (City/State/Zip) |
| (P.O. Box <u>not</u> acceptable) |
| Your Dead Gradens, FL 33418 |
| (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. |
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