P960000 17691 TRANSMITTAL LETTER

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

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FEB 2 1 1996

SUBJECT:	EB'S	PFICE	Dervice	s, INC.
	Proposed corporate	name - must include su	iffix)	
Enclosed is an origination:	al and one (1) c	opy of the articles o	f incorporation	and anchesk
\$70.00	\$78.75	\$122.50	5131.25	
Filing Fee	Filing Foe & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy	SSE 27 E
		Additional Cop	Certified Copy & Certificate	
		Additional cop	y nequiled	ORIE G
FROM:	DEBK	A HEWS	ジ ブ	<u>≓</u>
	Name	(printed or typed)		
	po Bo	X 2/957 Address		
	WEST C	ASUM BY	LACH, FI	33466
	407	833-842	1 407-6	25-8500
	/Daytime	Telephone number	-07/	
			-37/6	

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 21, 1996

DEBRA HEWITT P.O. BOX 21952 WEST PALM BEACH, FL 33416

SUBJECT: DEB'S OFFICE SERVICES, INC Ref. Number: W96000003976

We have received your document for DEB'S OFFICE SERVICES, INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

REGISTERED OFFICE LISTED IN YOUR **ARTICLES** OF INCORPORATION MUST BE CONSISTENT THROUGHOUT DOCUMENT.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 196A00007665

ARTICLES OF INCORPORATION FEB 27 AN ID: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA 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:

DEB'S OFFICE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

3289 GAEENE AVE. LAKENONTEL 33461

MAJL: PO BOX 21952 WEST AGEN BEACH, FI 33416

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

DEBRA HEWITT 3289 GREENE AVE. LAKE, WORTH, FL 33461

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):

DEBRA HELUITT
PU BOX 21952
WPB, F1 33416

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

3/57day of JANUARY, 19_96.

Deber Hewsell
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 corp	ration is: DEB'S OFFICE SERVI	TCEG IN
2. The name and addre	s of the registered agent and office is:	
DH	Base GREENE AVE. (P.O. Box or Mail Drop Box, NOT ACCEPTABLE).	<u> </u>
## -	LAKE WORTH, F1 33461 FLORIDE	LED

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.

Hubra Hewill 1/38/96 (DATE)

— PO 1 City/Stat	Requestor's Name 20 X 2195 Address P, F, 32 Re/Zip Phone #	20/769 100011350411 -06/12/9601119015 ******35.00 Office Use Only
2	orporation Name)	(Document #)
3,(Cc	orporation Name)	(Document #)
☐ V.'aik in ☐ Mail out	Pick up time Will wait	otocopy Certificate of Status
Profit NonProfit Limited Linhility Domestication Other	AMENDMENTS Amendment Resignation of R.A., C Change of Registered Dissolution/Withdraw Merger	Officer/ Director Agent Agent
OTHER FILINGS Annual Report Fictitious Name	REGISTRATI OUALIFICAT Foreign	

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Florida Department of State, Sandra B. Mortham, Secretary of State

'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: DEB'S OFFICE Services and
1b. The mailing address of the corporation is: Po Pox 2/952
WPB F1 33416
1c. Date of Incorporation: 27-96 Document number: TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
2. The name and address of the current registered agent and office:
DEBLA HEWITT
YO BOX 21952 1000 71 32 1
WPG, F) 33416
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
Himberly HEWITT 400 B TEAL LANE TANAHASSEE FL 32308
400 B TEAL LANE
- Om
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board,
Keepy thee tel 6/5/5/6
wee chairman of the board)
DEBRA HEWITT PRES. (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, thereby accept the appointmentas registered agent and agree to actin this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) 6/5/90 (Date)
If signing on behalf of an entity:
Timblely AEWITT (Capacity)

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

CR26045(11/84)

FILING FEE: 435.00