

P9600005839  
TRANSMITTAL LETTER

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

FILED  
MAR 18 AM 9:01  
TALLAHASSEE, FLORIDA

SUBJECT: Copy Preparation Service Inc.  
(Proposed corporate name - must include suffix)

800001748808  
-03/19/96--01053--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Shirley Pushwa

Name (printed or typed)

181 NE 14th Ave., Ste. 24C

Address

Hallendale, FL 33009

City, State & Zip

(305) 455-1221

Daytime Telephone number

3/5/96  
TO

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:

Copy Preparation Service Inc.

### ARTICLE II PRINCIPAL OFFICE

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

Post Office Box 251

Hallendale, FL 33008

FILED  
96 MAR 13 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

100, common

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shirley Pushwa  
181 NE 14th Ave., Ste. 24C  
Hallendale, FL 33009

**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):

Shirley Pushwa  
181 NE 14th Ave., Ste. 24C  
Hallendale, FL 33009

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

7 day of MARCH, 19 96.

Shirley Pushwa  
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: Copy Preparation Service Inc.

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

Shirley Pushwa

(NAME)

181 NE 14th Ave., Ste. 24C

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

Hallendale, FL 33009

(CITY/STATE/ZIP)

FILED  
66 MAR 18 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

*Shirley Pushwa*  
(SIGNATURE)

3/7/96  
(DATE)

P96000025839



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 9, 1996

Shirley Pushwa  
C & P Service, Inc.  
P. O. Box 16261  
Cleveland, OH 44116

900001965489  
-10/04/96--01081--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

SUBJECT: COPY PREPARATION SERVICE INC.  
Ref. Number: P96000025839

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Enclosed is a statement of change form for changing the registered agent/office. The filing fee is \$35.

We do not record ownership of a corporation. Do you want to simply maintain the original corporation but just change the agent?. If you want to file restated articles of incorporation or you want to dissolve and refile a new corporation, please contact our office for further information.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6901.

Susan Payne  
Senior Corporate Section Administrator

Letter Number: 996A00041961

ONLY CHANGE THE AGENT,  
Shirley Pushwa

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 SEP 30 PM 2:14

RA  
change  
SP 10/2

FILING 35  
R. AGENT \_\_\_\_\_  
CERT. COPY \_\_\_\_\_  
CUS \_\_\_\_\_  
OVERPAYMENT \_\_\_\_\_  
TOTAL 35

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

1. The name of the corporation is: COPY PREPARATION SERVICE INC.

2. The mailing address of the corporation is: PO BOX 251  
HALLENDALE, FL. 33008

3. Date of incorporation/qualification: MAR 18, 1976 Document number: P96 000025839  
4. The name and address of the current registered agent and office:

SHIRLEY PUSAWA  
181 NE 14<sup>TH</sup> AVE. STE 24C  
HALLANDALE, FL. 33009

**5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)**

DWIGHT SACKETT  
181 NE 14<sup>TH</sup> AVE. STE. 24C  
HAZLENDALE, KZ. 33009

**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.

Stanley Pushwa 9-24-96  
(Signature of an officer, chairman or vice chairman of the board) (Date)

SHIRLEY PUGHWA PRESIDENT  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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 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.*

Dwight Sacketh 9-24-96  
(Signature of Registered Agent) (Date)

**If signing on behalf of an entity:**

\_\_\_\_\_  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

**FILING FEE: \$35.00**