

P 96000048041  
TRANSMITTAL LETTER

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

700001781607  
-04/16/96--01029--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: M G M S Services 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

Additional Copy Required

FROM: GINA M. SARGENT  
Name (printed or typed)

5500 ARTHUR STREET  
Address

HOLLYWOOD FLA 33021  
City, State & Zip

954-989-2603  
Daytime Telephone number

W 96-8352

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 JUN - 6 AM 9:22

FILED

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

SN JUN - 6 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 18, 1996

GINA M. SARGENT  
5500 ARTHUR ST.  
HOLLYWOOD, FL 33021

SUBJECT: GMS SERVICES INC  
Ref. Number: W96000008352

We have received your document for GMS SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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: 296A00018168

## 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:

MMS Services Inc

### ARTICLE II PRINCIPAL OFFICE

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

5500 ARTHUR STREET  
HOLLYWOOD FL 33021

### ARTICLE III SHARES

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

100 shares @ \$1 PAR

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GINA M. SARGENT  
5500 ARTHUR STREET  
HOLLYWOOD FL 33021

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TALLAHASSEE, FLORIDA

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):

GINA M. SARGENT  
5500 ARTHUR STREET  
HOLLYWOOD FL 33021

PRESIDENT

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

11th day of April, 19 96.

Gina M. Sargent  
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: MGMS Services INC
2. The name and address of the registered agent and office is:

GINA M. SARGENT  
(NAME)  
5500 ARTHUR STREET  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
HOLLYWOOD, FLORIDA 33021  
(CITY/STATE/ZIP)

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*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.*

Gina M. Sargent  
(SIGNATURE)

4/11/96  
(DATE)