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Mortar Number

7-8-96

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Requester's Name

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City State ZIP Phone

VALIDATION ONLY

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05 JUL -9 PM 12:49  
STATE OF ALABAMA  
TENNESSEE, ALABAMA

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\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

A.F.D.S. INC.

AT&T Empire Toll Free: 1-800-432-3028

- |                                                    |                                          |                                                     |
|----------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |                                          |                                                     |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Merit                      |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|                                                    |                                          | <input type="checkbox"/> Mail Out                   |

Name
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Acknowledgment
W.P. Verifier

CERTIFIED COPY

H. OMESSER JUL 9 1996

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DIVISION OF CORRECTION

## TRANSMITTAL LETTER

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

FILED  
S6 JUN-9 PM12:49  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: D.F.D.S., 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: David Fouts  
Name (printed or typed)

400 E. Linton Blvd. St. G-2  
Address

Delray Bh. Fla. 33483  
City, State & Zip

(407) 243-0170  
Daytime Telephone number

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:

D.F.D.S. Inc.

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FLORIDA STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

400E. Linton Blvd.  
cub G-2  
Delray Beach Fl. 33483

## ARTICLE III SHARES

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

The corporation is authorized to issue  
1,000 shares, all of one class, at \$1 par  
value.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Fouts  
100 E. Linton Blvd.  
Suite G-2  
Delray, Beach Fl. 33483

## **ARTICLE V. INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to those Articles of Incorporation is(are):

David Fouts

Donna Schuerholz

100 E. Linton Blvd.

Suik G-2

Dalray. Beh., Fl. 33483

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

1<sup>st</sup> day of July, 1996.

Daniel Forest Signature  
 Norman J. Hirsch Signature

STORYBOOK

**Articles of Incorporation  
Filing Fee - \$35**

# 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: D.F. D. S. Inc.

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

David Fouts  
(Name)

400 E. Linton Blvd. Suite G-2  
(P.O. Box not acceptable)

Delray Beach, FL 33483  
(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.*

Nail Fouts  
(Signature)

7-2-96  
(Date)