

P 916000074362
FILED

TRANSMITTAL LETTER

26 SEP -4 AM 10:12

STATE
TALLAHASSEE, FLORIDA

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

100001938701
-09/04/96---01142---002
****122.50 ****122.50

SUBJECT: WESTCOAST SERVICES OF PINELLAS COUNTY, 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 _____ 78.75 / \$122.50 _____ \$131.25

FROM: BONNIE COX
Name (printed or typed)
106 AMANDA LANE
Address
CLDSMAR FL, 34677
City, State & Zip
813 / 891-1377
Daytime Telephone Number

[Handwritten signature]
09/15/96

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

ARTICLES OF INCORPORATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WESTCOAST SERVICES OF PINELLAS COUNTY, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WESTCOAST SERVICES OF PINELLAS COUNTY, INC.

ARTICLE II PRINCIPAL OFFICE

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

106 AMANDA LANE, OLDSMAR FL, 34677

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BONNIE COX
106 AMANDA LANE, OLDSMAR, FL. 34677

ARTICLE V INCORPORATOR(S)

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

BONNIE COX
106 AMANDA LANE, OLDSMAR, FL. 34677

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

this 3 rd day of September, 1996.



(Signature)

(Signature)

(Signature)

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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96 SEP -6 AM 10:12
TALLAHASSEE, FLORIDA

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:

WESTCOAST SERVICES OF PINELLAS COUNTY, INC.

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

BONNIE COX

(Name)

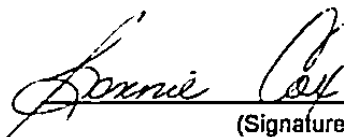
106 AMANDA LANE

(P.O. Box not acceptable)

OLDSMAR, FL. 34677

(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.


(Signature)

9/3/96
(Date)