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LETTER OF TRANSMITTAL

DATE: 9/30/96

Secretary of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

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-10/03/96--01046--004
****122.50 ****122.50

RE: Appleridge Accounting Services, Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Sincerely,

Melony Besette

Melony Besette - Director
Appleridge Accounting Services, Inc.
21346 St. Andrews Blvd., Suite 134
Boca Raton, FL 33433
(561)361-8215

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT -3 PM 3:43

g-10/2/96

ARTICLES OF INCORPORATION

of
Apploridge Accounting Services, Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Apploridge Accounting Services, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one shares (1) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Melony Bessette - President & Director		
ADDRESS	21346 St. Andrews Blvd., Suite 134		
CITY	Boca Raton	FLORIDA	ZIP 33433

The principal office, if known, or the mailing address of the corporation is:

NAME	Apploridge Accounting Services, Inc.		
ADDRESS	21346 St. Andrews Blvd., Suite 134		
CITY	Boca Raton	FLORIDA	ZIP 33433

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Melony Bessette - President & Director		
ADDRESS	21346 St. Andrews Blvd., Suite 134		
CITY	Boca Raton	STATE FL	ZIP 33433
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

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OFFICE OF STATE
CORPORATIONS
DIVISION
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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME <u>Melony Bessette</u>		
ADDRESS <u>21346 St. Andrews Blvd., Suite 134</u>		
CITY <u>Boca Raton</u>	STATE <u>FL</u>	ZIP <u>33433</u>
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 30th day of September, 19 96.

Melony Bessette (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF _____)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____ 19 _____

Notary Signature _____

Printed Notary Signature _____

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT

OF

Appleridge Accounting Services, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 21346 St. Andrews Blvd., Suite 134

Doca Raton, FL 33433

has named Melony Bessette

located at the aforesaid address, as its Registered Agent to accept service of process
within the state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Melony Bessette (Pres., Dir., Incorp., Reg Agent)
(registered agent)
President, Director, Incorporator, & Registered Agent

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