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**Michael C. Lynch, C.P.A.**

Certified Public Accountant

P.O. Box 4754 South Daytona, FL 32121

Office 904-760-9655 ♦ Fax 904-760-9655 ♦ Pager 904-691-0759

September 19, 1996

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

300001966843  
-10/08/96--01010--006  
\*\*\*122.50 \*\*\*122.50

Subject: Alpha Services of Volusia County, Inc.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$122.50

From: Michael C. Lynch, CPA  
810 Carey Drive  
South Daytona, FL 32119  
(904) 760-9655

*Michael C. Lynch*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT -7 PM 12:50

*cf 10/10/96*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -7 PM 12:50

**Articles of Incorporation of Alpha Services of Volusia County, Inc.**

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**Article I Name**

The name of the corporation shall be: Alpha Services of Volusia County, Inc.

**Article II Principle Office**

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

ALPHA SERVICES OF VOLUSIA COUNTY, INC.  
400 PARQUE DRIVE  
ORMOND BEACH, FL 32174

**Article III Shares**

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

1000 SHARES (\$1.00 par value)

**Article IV Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

TED LYNCH  
400 PARQUE DRIVE  
ORMOND BEACH, FL 32174

**Article V Incorporators**

The names and street addresses of the incorporators to these Articles of Incorporation are:

TED LYNCH  
400 PARQUE DRIVE  
ORMOND BEACH, FL 32174

The undersigned incorporators have executed these Articles of  
Incorporation this 20TH day of SEPTEMBER, 1996.

Ted Lynch  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Michael C. Lynch, C.P.A.**

**Certified Public Accountant**

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### **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: Alpha Services of Volusia County, Inc.

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

TED LYNCH (SS#264-85-0164)  
400 PARQUE DRIVE  
ORMOND BEACH, FL 32174  
(904) 677-1600

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 am familiar with and accept the obligations of my position as registered agent.

*Ted Lynch*

SIGNATURE

*9/20/96*

DATE

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96 OCT -7 PM 12:50