

996000090949

OCTOBER 9, 1996

900001995669--8

-11/05/96-01046-018

*****78.75 *****78.75

TO: DIVISION OF CORPORATION

REGARDS: BEEPER DOCTOR REPAIR CENTER INC.

TO WHOM IT MAY CONCERN:

I AM ENCLOSING THESE DOCUMENT, AND I AM REQUESTING A COPY OF THE STATE OF FLORIDA CERTIFICATED, REGISTERED UNDER BEEPER DOCTOR REPAIR CENTER INC.

ENCLOSED PLEASE FIND A CHECK FOR THE AMOUNT OF \$78.75 TO COVER THE FEE FOR THE CORPORATION AND \$8.75 THAT IT INCLUDED TO COVER THE FEE FOR THE CERTIFICATED.

THANK YOU,

DAYSI CHINEA
PRESIDENT

BEEPER DOCTOR REPAIR CENTER INC.

PLEASE FORWARD CERTIFICATE AND ANY PAPER WORKS TO :
ADDRESS: 222 SOUTH SEMORAN BLVD. #25
ORLANDO, FL 32807

SINCERELY,

Please see Retained Paid
Enveloped from Priority
Addressed to me. I appreciate
it if you send it to me
Thanks.
as soon as possible.

ON NOV-6 1996

ARTICLES OF INCORPORATION
OF
"BEEPER DOCTOR REPAIR CENTER INC."

FILED
96 NOV -4 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: BEEPER DOCTOR REPAIR CENTER INC.

The principal place of business of the corporation shall be 222 S. SEMORAN BLVD #25 ORLANDO, FLORIDA 32807.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, County, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and sit par value that this corporation is authorized to have outstanding at one time is: 300 SHARES \$1.00 PAR VALUE.

ARTICLE IV TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V OFFICER DIRECTORS

The name (s) and street address (es) of the initial officer (s) and directors (s) , if any , who shall hold office the first year of the corporation's existing or until their successor (s) is (are) elected , is (are): DAISY CHINEA

ARTICLES VI INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are) DAISY CHINEA
222 S. SEMORAN BLVD #25 ORLANDO, FLORIDA 32807

IN WITNESS WHEREOF . the undersigned incorporator (s) has (have) executed these Article of Incorporation this 8 day of October, 1996.

Signature (s) Incorporator (s)

Daisy F. Chinea
DAISY CHINEA

STATE OF FLORIDA,
COUNTY OF ORANGE

THE FOREGOING instrument was acknowledged and sworn to before me this 8 day of October, 1996.

By: Beeper Doctor Repair Center

(NAME OF INCORPORATOR)

Of: BEEPER DOCTOR REPAIR CENTER INC.

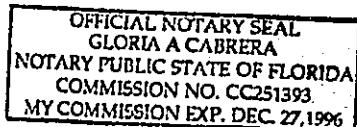
(NAME OF CORPORATION)

NOTARY PUBLIC

Gloria A. Cabrera

(SEAL)

MY COMMISSION EXPIRES:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of section 607.325, Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: BEEPER DOCTOR REPAIR CENTER INC.
222 S. SEMORAN BLVD #25 ORLANDO FLORIDA 32807.

2. The name and address of the registered agent and officer is: DAYSI CHINEA

(P.O. BOX NOT ACCEPTABLE)

222 S. SEMORAN BLVD #25 ORLANDO FLORIDA 32807

(corporate officer)

TITLE *Daysi E. Chinea*

DATE *October 8, 1996*

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 . FLORIDA STATUES.

SIGNATURE

DATE *October 8, 1996*

DEBIT MEMORANDUM

FOR OFFICIAL USE

000092

DATE

NUMBER

TO : DEPARTMENT STATE

P9600009094936

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,493.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,493.75	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	2	96.25
12	45-20-2-130001-45300000-00-000100-00	3	375.00
12	45-20-2-130001-45300000-00-000100-00	3	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	2	783.75

GRAND TOTAL:

\$ 2,493.75

RECEIVED
NOV 26 1996
MANAGEMENT
FUNDING
DEPARTMENT
PROCESSING
C/P

Grant funding
held in
Delegated
Processing
C/P

71836 - E

Process Date: 11/15/96

The above named fund(s) has been reduced by the amount of
this check(s) under authority of Section 215.34, F.S.

State Treasurer

11/25/1990

XXXXXXXXXX 028-01 101-220078

01000 001 0109340000
06300047 11-12 1501
10 19-24 4 00005009

20. 43999 11/25/90 BARNETT JAX
08 283556 300598 11-14-06 JAX FL
08 283557 11-06 06 53 11-06

*****78.75
-11105/96--0104E--018
DEPT OF STATE 4500453
FOR DEPOSIT ONLY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 4, 1996

Beeper Doctor Repair Center, Inc.
222 S. Semoran Blvd., #25
Orlando, FL 32807

SUBJECT: BEEPER DOCTOR REPAIR CENTER INC.
Ref. Number: P96000090949

Debit Memo #: 71836-E

This is to inform you that your check #Counter Check dated October 9, 1996 in the amount of \$78.75 and submitted for BEEPER DOCTOR REPAIR CENTER INC. has been returned to us by your bank because of Nonufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 796A00054359



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 9, 1997

Beeper Doctor Repair Center, Inc.
222 S. Semoran Blvd.
Suite #25
Orlando, FL 32807

SUBJECT: BEEPER DOCTOR REPAIR CENTER INC.
Ref. Number: P96000090949

Debit Memo #: 71836-E

Due to your failure to respond to our previous letter advising you of the returned check #Counter Check, the Articles of Incorporation for BEEPER DOCTOR REPAIR CENTER INC. have been cancelled and are considered not filed as of January 9, 1997.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 797A00001181