

P96000094314

Requestor's Name

Laurie Mortas  
2729 NE 24 St.  
Lighthouse Pt. FL

Office Use Only

CORPO

33064

IDENT NUMBER(S), (if known):

1. Accurate Information Services, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
96 NOV 19 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

800001997893--2  
-11/06/96--01062--015  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NOV 12 1996

BSB 531  
00631, 00707

W96-23861

NOV 19 1996

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 12, 1996

LAURIE R. NENORTAS  
2729 N.E. 24TH STREET  
LIGHTHOUSE POINT, FL 33064

SUBJECT: ACCURATE INFORMATION SERVICES, INC.  
Ref. Number: W96000023861

We have received your document for ACCURATE INFORMATION SERVICES, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 896A00051490

## TRANSMITTAL LETTER

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

SUBJECT: ACCURATE INFORMATION SERVICES, 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

**Additional Copy Required**

FROM:

LAURIE R. NENORTAS, PRESIDENT

Name (printed or typed)

ACCURATE INFORMATION SERVICES, INC.

3116 N. FEDERAL HWY. #245

Address

LIGHTHOUSE PT., FL. 33064

City, State & Zip

954-941-4620

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

**FILED**

96 NOV 19 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: **ACCURATE INFORMATION SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

**3116 NORTH FEDERAL HIGHWAY #245  
LIGHTHOUSE POINT, FLORIDA 33064**

**ARTICLE III SHARES**

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

**100 shares**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**LAURIE NEVORTAS  
2729 NE 24 ST.  
LIGHTHOUSE PT., FL. 33064**

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

LAURIE NEWORTAS  
2729 NE 24 STREET  
LIGHTHOUSE PT, FL. 33064

GINT NEWORTAS  
3250 NE 28 ST. APT. 305  
FT. LAUDERDALE, FL. 33308

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

14 day of November, 19 96.

(An additional article must be added if an effective date is requested.)

Laurie R. Newortas

Signature

Gint Newortas

Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: ACCURATE INFORMATION SERVICES, INC.
2. The name and address of the registered agent and office is:

LAURIE R. NENORTAS  
(NAME)  
2729 NE 24 STREET  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
LIGHTHOUSE PT. FL. 33064  
(CITY/STATE/ZIP)

**FILED**  
96 NOV 19 AM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Laurie R. Nenortas  
(SIGNATURE)

11/14/96  
(DATE)