# P9600101839

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

SUBJECT:	INCERE Acco	UNTING SERV	MCES, INC	
		80	00020315 -12/17/9601 *****78.75	56: <b>67</b> 153007 *****78.75
Enclosed is an original ar	nd one(1) copy of the artic	les of incorporation and a	check for :	
□ \$70,00 Filing Fee	\$78.75 Filing Fee & Certificate	S122,50 Filing Fee & Certified Copy	■ \$131,25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	,.
FROM: ANTHONY SANTORO Name (Printed or typed)  6237 NW 23° STREET  Address				
<u></u>	ARGATE FL.	33 <i>0</i> 63	AH 10: 35	STATE
95	H- 977-646 Daytime Teleph		· · · · · · · · · · · · · · · · · · ·	

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

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#### ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CINCERE ACCOUNTING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

6237 NW 23 STREET MARGATE, FL. 33063

ARTICLE III SHARES

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

One Hundred Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ANTHONY SANTORD 6237 NW 23 ST. MARGATE, FL. 33063

### 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):

ANTHONY SANTORO - President / Registered Agent
6237 NW 230 ST. MARGATE, FC. 33063
Starting late effective 1-1-1997

	incorporator(s) h <i>JULM SC</i>		of Incorpora	tion this
	cle must be adde		.)	
-		Signature Signature		

#### Notarization is not required

Signature

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:	CINCERE ACCOUNTEN	C-SERVICES, INC.
2. The name and address of the reg	istered agent and office is:	
ANTHO	NY SANTORO	SECREI GIVISIONI 96 DEC
<u>6237</u>	NW 23 CD ST.  NOX OF Mail Drup Box NO'(ACCEPTABLE)	FILE FRY OF CO
MAR	GATE FL 33063 (CITY/STATE/ZIF)	O OF STATE RPORATIONS AM (O: 35

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.

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314