

P97000020929

TRANSMITTAL LETTER

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

FILED  
MAR-3 1997

SUBJECT: CONTRACT PROFESSIONAL SERVICES, INC  
(Proposed corporate name - must include suffix)

EIN. 54-1693775

500002102755--7  
-03/03/97--01117--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: PETER S. HEPP  
Name (Printed or typed)

1568 NOTTINGHAM KNOLL DR.  
Address

JACKSONVILLE, FL 32225  
City, State & Zip

904-220-0734  
Daytime Telephone number

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

2/11  
3-7-97

## ARTICLES OF INCORPORATION

*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:

*CONTRACT PROFESSIONAL SERVICES, INC*

### ARTICLE II PRINCIPAL OFFICE

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

*1568 NOTTINGHAM KNOLL DR.  
JACKSONVILLE, FL 32225*

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JACKSONVILLE, FL

### ARTICLE III SHARES

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

*100*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*PETER S. HEPP  
1568 NOTTINGHAM KNOLL DR.  
JACKSONVILLE, FL 32225*

**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):

PETER S. HEPP

EVELYN C. HEPP

1568 NOTTINGHAM KNOLL DR.

JACKSONVILLE, FL. 32225

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

27 day of FEBRUARY, 19 97.

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

  
Signature

  
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 CONTRACT PROFESSIONAL SERVICES, INC.

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

PETER S. HEPP  
(NAME)

1568 NOTTINGHAM KNOLL DR.  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

JACKSONVILLE FL 32225  
(CITY/STATE/ZIP)

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*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.*

Peter S. Hepp  
(SIGNATURE)

2/27/97  
(DATE)