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PERMIT LETTER

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

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-03/04/97--01074--0002
*****70.00 *****70.00

SUBJECT: S.L.F. PROFESSIONAL SERVICES, INC
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 70.00.

FROM:

SHIRLEY FOOTMAN BRAYNON

Name

615 NW 210TH STREET APT 204

Address

NORTH MIAMI, FLORIDA 33169

City, State, & Zip

(305) 770-1176

Telephone Number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

97 MAR -4 PM 10:10

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ARTICLES OF INCORPORATION
OF

FILED
97 MAR -4 PM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S.L.F. PROFESSIONAL SERVICES, INC.

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:

S.L.F. PROFESSIONAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

PARKWAY PROFESSIONAL BUILDING
6151 MIRAMAR PKWY
MIRAMAR, FL 33023

ARTICLE III CAPITAL STOCK

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

2,000 SHARES (Two Thousand Shares)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

shirley Footman Braynon
615 NW 210th Street Apt 204
North Miami, Florida 33169

ARTICLE V INCORPORATOR(S)

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

Shirely Footman Braynon
615 NW 210th Street Apt 204
North Miami, FL 33169

The undersigned has (have) executed these Articles of Incorporation this 22 day of February, 1997.

Shirely Footman Braynon - President
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

PERSUANT 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: S.L.F. Professional Services, Inc.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
Shirley Footman Braynon
NAME
615 NW 210th Street
(P.O. BOX NOT ACCEPTABLE)
North Miami, Florida 33169
(CITY/STATE/ZIP)

SIGNATURE

Shirley Footman Braynon
(corporate officer)

TITLE President

DATE February 22, 1997

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.

SIGNATURE

Shirley Footman Braynon
DATE February 27, 1997