097000001924

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

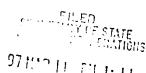
503-W97-2622

SUBJECT:	Com-Serve Inc.	·
	(Proposed corporate name - must include suffix)	
		600002072916L -01/29/9701084011 ****122.50 *****122.50
	nal and one (1) copy of the articles of inco	orporation and a check
for :	\$78.75 \(\sigma \\$122.50 \)	\$131.25
	M. Jean Raphael	
FROM:	M: Name (printed or typed)	
	Maine (printed or typed)	9711.511
	11790 S.W. 16th St.	.∪
	Address	·
	Pembroke Pines, Fl. 33025	
	City, State & Zip	
	(954) 450 - 0780	,,
	Daytime Telephone number	

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

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 3, 1997

JEAN RAPHAEL 11790 S.W. 16TH STREET PEMBROKE PINES, FL 33025

SUBJECT: COM-SERVE INC. Ref. Number: W97000002622

We have received your document for COM-SERVE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden Document Specialist

Letter Number: 097A00005495

ARTICLES OF INCORPORATION

97 Min II fil 1: 11

of

Innovative Business Ideas 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: Innovative Business Ideas Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 11790 S.W 16th St. Pembroke Pines, Fl. 33025

ARTICLE III SHARES

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

Five_Thousand(5,000) Shares of Common Stock having a par value of one dollar(\$1.00) each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jean Raphael 11790 S.W. 16th St. Pembroke Pines, Fl. 33025

ARTICLE V INCORPORATOR(S)

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

Jean Raphael . 11790 S.W. 16th St. Pembroke Pines, Fl. 33025

i ne undersigned	incorporator(s) has(have) execut	ed these Articles of Incorporation this
24th	day ofJanuary	, 19 <u>97</u> .
 ,	In Island Signature	
	Signature	
	Signature	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 na	me of the corporation is: INNOVATIVE BUSINESS IDEAS INC.	
2. The na	ame and address of the registered agent and office is:	971531
Jean Raphael		
	(Name)	
	11790 S.W 16th St.	- 135 - 135 - 135
	(P.O. Box not acceptable)	
	Pembroke Pines, Fl. 33025	
	(City/State/Zip)	

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.

1-27-97 (Signature)