**Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 ONS HUS SENUCE, (NC (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 **□\$122.50** \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED DNE PLUS SELVICE INC. Name (Printed or typed)

4500 POA GUND, SUITE 10 JARR

Address

Parum Berch Griedens, EC 53418

City, State & Zip

Ch 1 12941169 5616941169

Daytime Telephone number

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

## 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:	97 HAR 26
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	AHIO: 14
4500 PGA BLUD, GUITE PALM BEACH GALDEN, FL.	109 33418

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:

JOHN FORD 4500 PGA BLUD, SUITE 104 PARM SEACH GARDENS, FL 33418

## 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):

JOHN FORD USOO PEA BLUD SUFE 104 PALM BEACH GALDENS, FL 33418

The undersigned incor	porator(s) has (have) executed these Articles of Incorporation this
24 day of	MARCH , 19 97.
(An additional article n	ust be added if an effective date is requested.)
	Solvan
	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_	ONE	PLUS	SERVICE	, INC			
2. The name and address of the registered agent and office is:							
	(1	(AME)					
45	500 PG	A BLUL	) SUITE	104			
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)							
PACA		H GARI, STATEZEP)	DENS, FL	33418			

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.

3-29-96 AH 10: III

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