P970000068824 TRANSMITTAL LETTER

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314 SUBJECT:	SULLIVAN OFFICE SER (Proposed corporate name - must inc	EVICES, INC,			97 NB -7 MH: 03
				IJH.	03
Enclosed is an original ar	nd one(1) copy of the articles of	incorporation and a ch	eck for :		
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITION	\$131.25 Filing Fee, Certified Copy & Certificate NAL COPY REQ	UIRED	
FROM:	KATHLEEN SUL Name (Printed or type				
6368 PINEHURST CIRCLE					
	Address TAMARAC, FLO City, State & Z	RIDA 33321	70000; -08/ ***	2260 07/97- #131.25	0551777 00051002 ****131.25
	954 - 720 - 8484 Daytime Telephone number				

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

gn 8/8/97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SULLIVAN OFFICE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

6368 PINEHURST CIRCLE TAMARAC, FLORIDA 33321

<u>ARTICLE III SHARES</u>

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

TEN (10)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KATHLEEN SULLIVAN SULLIVAN 6368 PINEHURST CIRCLE TAMARAC, FLORIDA 33321

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

KATHLEEN SULLIVAN 6368 PINEHURST CIRCLE TAMARAC, FLORIDA 33321

Signature/Incorporator

8/5/97 Date

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. It 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/Pogletored Agent

8/5/97