P970 0 TRANSMITTALIGHTEN 4707

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

SUBJECT: Com	mericial Form Servi (Proposed co	ce, Inc.	e suffix)	
Enclosed is an original	and one(1) copy of the articles		00002278 -08/27/970 ****131.25 check for :	315——8)1053020 ****131.25
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: _	MARY JOHNSON Name (Printed or typed) 6050 SW 45th Street		ALLINISSEE	7 M 9:01
	Address Miami, Fl. 33155 City, State & Zip (305) 667-9032		,	i.Ol

AUG 2 8 4 18513

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

Daytime Telephone number

ARTICLES OF INCORPORATION

97 AUG 27 AH 9:01

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

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ARTICLE I NAME

The name of the corporation shall be:

Commericial Form Service, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6050 SW 45th Street Miami, Fl. 33155

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mary Johnson 6050 SW 45th Street Miami, Fl. 33155

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Mary Johnson. 6050 SW 45th Street Miami, Fl. 33155

Signature Incorporator

MARY JOHNSON

q. 25, 1997

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. 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 Registered Agent
MARY: DOHNSON

Date