

P97000074714

TRANSMITTAL LETTER

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

SUBJECT: Automated Information Inc.
(Proposed corporate name - must include suffix)

600002278316--5
-08/27/97--01053--021
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROBERT OLKIN
Name (Printed or typed)

661 NE 195 Street, STE 301
Address

N. Miami, FL 33179
City, State & Zip

305-651-3807
Daytime Telephone number

AUG 28 

FILED
97 AUG 27 AM 9:09
TALLAHASSEE, FLORIDA

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

FILED

ARTICLES OF INCORPORATION

97 AUG 27 AM 9:09

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:

Automated Information Inc.

ARTICLE II PRINCIPAL OFFICE

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

STE 301
661 NE 195 Street
N. Miami, FL 33179

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 Florida street address of the initial registered agent are:

ROBERT OLKIN
661 NE 195 Street, STE 301
N. Miami, FL 33179

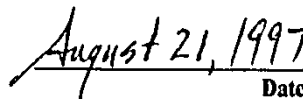
ARTICLE V INCORPORATOR

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

ROBERT OLKIN
661 NE 195 Street, STE 301
N. MIAMI, FL 33179



Signature/Incorporator



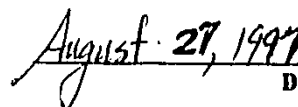
Date

(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



Date