# P920000055433

97 OCT -2 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: UNIFIED SERVICES ASSOCIATES, INC. (Proposed corporate name - must include suffix)								
			70000230 -10/02/97; *****78.1	9757 01045018 75 *****78.				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :								
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate					
		ADDITIONAL COPY REQUIRED						
FROM: MAUD GRASSELLY Name (Printed or typed)								
200 SW 1St ave Address								
Hallandale, Fl 33009 City, State & Zip								
305-594-5740 Daytime Télephone number								

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

# 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.

FILED 97 OCT -2 PH 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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The name of the corporation shall be:

LINIFIED SERVICES ASSOCIATES, INC

### ARTICLE II PRINCIPAL OFFICE

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

200 SW 1ST AVE, HALLANDALE

# ARTICLE III SHARES

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

5 Shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MAND CONSSELLY 2005WIST AVE, HALLANDALE, FL 33009

## ARTICLE V INCORPORATOR

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

MAUD CONSSERLY 200 SW 1st Ave, Hallandale, FL 33009

Mand Susselly
Signaturo/Incorporator

9/30/92

(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

9/30/9 }-Date