# DOM Y X X QA

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314					
SUBJECT:	Wost COAST [Proposed	elesaurs de comporate name - must include	e. M.	_	
		1	00002321 -10/16/970 *****78.75	01023021	
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 CO	PY REQUIRED	•	
FROM: TONY THUMAN Name (Printed or typed)					
55 HARROR View LAWE #102					
SS HARBOR VIEW LAWE #102  Address  Rellead Bluffs & S3770 57  City, State & Zip					

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.

ARTIC	LE I	NAME

The name of the corporation shall be:

WEST COAST TELESALES CO INC.

# ARTICLE II PRINCIPAL OFFICE

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

55 HARBOR VIEW LANE #102 BelleALR BLUFFS F1. 33770

### ARTICLE III SHARES

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

1000

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tory TALLMAN 55 Horber Ciew Lane #102 BelleAIR BLITS F1. 32771

# INCORPORATOR

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

TONY TAKMAN 55 HOR BOR VICE LANE # 102 BelleAIR BUILD

Fl 33770

(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