

P97000091824

TRANSMITTAL LETTER

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

200002328692--3
-10/24/97--01021--003
***122.50 ***122.50

ALL FLORIDA RESPONSE

SUBJECT: Systems, Inc
(Proposed corporate name - must include suffix)

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

☐ \$70.00

☒ \$78.75

☒ \$122.50

☐ \$131.25

FROM:

Armando de Leon

Name (printed or typed)

2690 West 72nd Street

Address

Healeah FL 33016

City, State & Zip

(305) 364 9925

Daytime Telephone number

FILED
97 OCT 24 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

J. Nebeau OCT 27 1997

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ALL FLORIDA RESPONSE Systems, Inc

ARTICLE II PRINCIPAL OFFICE

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

2690 West 72nd Street, Hialeah
FL 33016

ARTICLE III SHARES

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

100 Shares \$1⁰⁰/_{xx} par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Armando de Leon
2690 West 72nd Street
Hialeah, FL 33016

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ARMANDO de Leon
2690 West 92nd Street
Hialeah Fl. 33018

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of OCTOBER, 1997.


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

ALL FLORIDA RESPONSE

1. The name of the corporation is: Systems, Inc

2. The name and address of the registered agent and office is:

Armando de Leon

(Name)

2690 West 92nd Street

(P.O. Box not acceptable)

Dealeen FL 33016

(City/State/Zip)

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)

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TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL