P97000092714

TRANSMITTAL LETTER

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

300!	005330	443E
(F)	-10/27/970 ****122.50	****122.50

P. O. Box 6327 Tallahassee, FL 32314		G	P -10/27/97011 *****122.50 *
SUBJECT:		ta Solution Provide	rs, Inc.
Enclosed is an original ar	nd one(1) copy of the	articles of incorporation a	and a check for :
\$70.00	\$78.75	\$122.50	E \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	OPY REQUIRED
FROM:	Name (Pr 18367 Cor A	Duplan Pecsinolation of typed) al Chase Drive address Florida 33498	= _{(V} T
	City,	State & Zip	7-
	(561)	883-9177	3

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

Daytime Telephone number

ARTICLES OF INCORPORATION

of

UNIVERSAL DATA SOL	LUTION PROVIDERS; IN of corporation)	۷.
The undersigned subscriber(s) to these Articles of Incorcorporation under the laws of the State of Florida.	• •	ontract, hereby form a
ARTICLE 1 -	CORPORATE NAME	¥
The name of the corporation is:		sEG 1510 97 (
UNIVERSAL DATA SOLUTIO	N PROVIDERS INC	CRET
-	•	27 27
	E II - DURATION	
This corporation shall exist perpetually unless dissolv	ed according to Florida law.	8. July 1
	E III - PURPOSE	28
The corporation is organized for the purpose of engage United States and the State of Florida.	ing in any activities or business permitted	under the laws of the
ARTICLE IV	' - CAPITAL STOCK	
The corporation is authorized to issue ONE THO	USAO/0 shares (/000) of	WE DOLLAR
	non Stock, which shall be designated "Co	
ARTICI F V. INITIAI PE	GISTERED OFFICE AND AGENT	
The principal office, if known, or the mailing adress		
	or the corporation is,	,
NAME		, <u>,</u>
ADDRESS 18367 CORAL CHASE DI	RIVE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY BOCA RATON	FLORIDA	ZIP <u>33497</u>
The name and street address of the Initial Registere	d Agent of this Corporation is:	
NAME YVES C DUPLAN		
ADDRESS 18367 CORAL CHASE		
CITY BOGA RATON	FLORIDA	zir <i>5349</i> 8
		211 33476
This corporation shall have		rectors may be either (1). The names and
NAME YVES C DUPLAN		
ADDRESS 18367 CORAL CHASE	DRIVE	
CITY BOLA KATON	STATE FLOKINA	ZIP 33498
NAME DAMARIS DUPLAN		
ADDRESS 18367 CORAL CHASE D	RiVE	
CITY BOCH RATON	STATE FLORIDA	ZIP 33498
NAME	TEUN III	
ADDRESS		
CITY	STATE	ZIP
	PAGE 1	SEMINOLE-MIAMI

ARTICLE VII INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME YVES C DUPLAN	Service Control of the Control of th	
ADDRESS 18367 CORAL CHASE	Dave	
GEY BOCA RATON	STATE FLOKEDA	ZIP 33498
NAME DAMARIS DUPLAN		
ADDRESS 19367 CORAL CHASE	DRIVE	
CITY ROCA RATION		ZIP 33498
NAME		
ADDRESS		
ary	STATE	ZIP
IN WITNESS WILLDEOF the underlined out	wasihanta) haum awanntad thaan Antiala i at turan-	wration this
IN WITNESS WHEREOF, the undersigned sub day of, 19	scriber(s) have executed these Articles of Incorp	oration this
	Cruw 4	(Scal)
	man in	
	19pmes Ste	(Scal)
		(Seal)
STATE OF FLORIDA)		
Ś	s	
COUNTY OF		
before me, a Notary Public authorized to take a appeared	cknowledgements in the State and County set for	orth above, personally
known to me and known to be the person(s)) who executed the foregoing Articles of Inc	orporation, and who
acknowledged before me that ex	scuted these Articles of Incorporation.	
IN WITNESS WHEREOF, I have hereunto affine	ed my hand and seal, in the State and County afor	esaid, this
day of, 19		
(Notary Seal)	(Notary Public, State of Florida at Large)	
tromy sees		
	My Commission expires:	

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

UNIVERSAL DATA SOLUTION PROVIDERS, INC. (name of corporation)

ACKNOTILEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

YVES C. DUPLAN June