## DATE

(561)Area Code

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

riorida Department of State		
Division of Corporations		
P.O. Box 6327		
Tallahassee, FL 32314	20	0002342802C -11/10/9701099006 ****122.50 ****122.50
Re:	(Name of Corporation)	, Inc.
Gentlemen:		
Enclosed please find the original and one	e conv of the Articles of Incorpora	ation together with my
check in the amount of \$122.50.	scopy of the Atthonor of Incorpora	mion, together with my
		V.S
This represents the cost of the Filing Fee Registered Agent Designation for the abo	s, Certified Copy of Articles of Inove named corporation.	corporation and Fee for
	Very truly yours.	5 345
	MELODY (Indiv	PH 2: 06  E.B. SMITH  idual's Name)
	ME (Name	BSCO, INC. of Corporation)
	MAILING ADDRESS	OF CORPORATION —
	P.O. Box	3195
	War P	R 12 33407

PHONE

Number

Ext.

ARTICLES OF INCORPORATION of (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: Inc. MEBSCO ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS HENTHORNE FLORIDA ZIP 33461 Mailing address, if different STREET ADDRESS P.O. Box CITY WEST PALM BEACH FLORIDA ZIP 3340Z ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: NAME E.B. SMITH HENTHORME DR

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ZIP 33461

ARTICLE VII - INITIAL BO			
This corporation shall have Two (Z	) direct	tors initially. Th	e number of directors may be
either increased or diminished from time to time by the By-Laws, addresses of the initial director(s) of the corporation are as follows:		ever de less mar	one (1). The names and
M. S. C. R. KAISH			
NAME MELODY E. B. SMITH			
ADDRESS 220 HENTHORNE DR. B-18			
CITY PALM SPRINGS	STATE	FL	ZIP 33461
NAME DANIEL S. SMITH			
ADDRESS 220 HENTHORNE DR. B-18			
CITY PALM SPRINGS	STATE	FL	ZIP 3346/
NAME			
ADDRESS		-	
CITY	STATE		ZIP
ARTICLE VIII - IN	CORPORA	TORS	
The names and addresses of the incorporators signing these Article			ollows:
NAME MELODY E.B. SMITH		·	
ADDRESS 220 HENTHORNE DR. B-18	····		•
CITY PALM SPRINGS	STATE	FL	ZIP 33461
NAME DAVIEL S. SMITH		<u>.                                    </u>	
ADDRESS 220 HENTHORNE Dr. B-18			
CITY PALM SPRINGS	STATE	FL	ZIP 33461
NAME			
ADDRESS	· <del>-</del> ·		
CITY	STATE		ZIP
The undersigned incorporator(s) have executed these Article	s of Incorp	oration this _	THIRTEENTH
day of October , 1	19 <b>97</b>	<b>.</b>	
Mas Mas	locul	9.B.	(Signature)
· // (		, ,	ι \

(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

	97 NOV 10	SECRETER STATE
MEBSCO Inc.	PM	기위 위의
(name of corporation)	2:06	ATIONS

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at ZZ4 DATORA ST Some SIO	220 HEUTHOKNE DR B18
WEST PALM BEACH, FL 38401	PALM SPRING. FL 33461
has named MELODY E.B. SMITH	
located at the aforesaid address, as its registered agent to accep	ot service of process within this

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.

Mory EB. Som October 13, 1997
(Signature) (Date)

state.

 $\Box$