Performent of State Control of State Con

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

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SHRIECT.

BSE INFORMATION SERVICES, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original	and one(1) copy of the artic	cles of incorporation and a	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 COPY REQ		DPY REQUIRED	
FROM: _	CHRIS SARIAN Name (Printed or typed)			
-	4545 N. BAI	RWICK RANCA		
-	DELRAY BEA		 ∽=	98 JAN -8 -

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

1/12/98-7em

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.

ARTICLE I *NAME*

The name of the corporation shall be:

BSE INFORMATION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4545 N. BARNICK RANCH CIRCLE, DELRAY BEACH, FL 33445

ARTICLE III SHARES

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

100 SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHRIS SARIAN 4545 N. BARWICK RANCH CIRCLE DELRAY BEACH, FL 33445

INCORPORATOR

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

CHRIS SARIAN 4545 N. BARWICK RANCH CIRCLE

DELRAY BEACH FL 33445

Signature/Incorporator

(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