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TO: DIVISION OF CORPORATIONS FAX #: (850) 922-4001  
FROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255  
CONTACT: RAY STORMONT  
PHONE: (305) 541-3694 FAX #: (305) 541-3770

NAME: EXP PLUS SERVICES CORPORATION  
AUDIT NUMBER.....H98000001331  
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. McKnight JAN 21 1998

H98000001331

ARTICLES OF INCORPORATION

(4)

of

EXP Plus Services Corporation

(Name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME/ADDRESS

The name of the corporation and address of the corporation is:  
(Principal)

EXP Plus Services Corporation- 8390 S.W. Killian Drive

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 Fifty Shares (50)  
of TEN Dollar(s) (\$10.00) par value  
Common Stock, which shall be designated "Common Shares"

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this corporation is

Name: R. Shirley J. Cooper

Address: 8390 S.W. Killian Drive

City: Miami State: FL Zip 33156

Douglas W. Oesterle, CPA

950a Red Rd.

Miami, FL 33155

(305) 665-7155

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

Name: SHIRLEY J. COOPER

Address: 8390 SW KILLIAN DRIVE

City: Miami State: FL zip: 33156

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

Name: SHIRLEY J. COOPER

Address: 8390 SW KILLIAN DRIVE

City: Miami State: FL zip: 33156

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20 day of January 198.

H98000001331

Shirley J. Cooper

(Seal)

(Seal)

CERTIFICATE TO ACKNOWLEDGE REGISTERED AGENT

Certificate of Registered Agent

H98000001331 of:

EXP Plus Services Corporation

Pursuant to Florida Statutes, Section 48.091 and 607.034,  
the following is submitted: The above Corporation, desiring  
to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation

at: 8390 S.W. Killian Drive  
Miami, FL 33156

has named: Shirley T. Cooper

located at the aforesaid address, as its Registered Agent to  
accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above  
stated Corporation at this place designated in this certificate  
I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open  
said office.

Shirley T. Cooper  
Registered Agent

98 JAN 21 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

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