### ZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 000002424860--1 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Mail out Will wait Certificate of Status Photocopy NEW FILINGS AMENDMENTS Amendment **Profit** PRECEIVED 98 FEB-9 AMII: 10 & Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILNGS REGISTRATION/ QUALIFICATION-Annual Report Foreian Fictitious Name Limiteg Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 9, 1998

**LAZARUS** 

MIAMI, FL

SUBJECT: EXPRESS RESPONSE INC.

Ref. Number: W98000002845

We have received your document for EXPRESS RESPONSE INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 398A00007286

## 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:

BROWARD INC.

98 FEB 10, PH 4: 35
SECRETARY OF STATE TALLAHASSE SECRETORIDA

ARTICLE II PRINCIPAL OFFICE

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

3046 S. OQKCAND Forrest Drive Suite # 2501 33309 Oakland PARK, Florida

ARTICLE III SHARES

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

Shares: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROLINA SIERRA

300 South Point Drive # 908

MiAmi Beach, Pla. 33139

#### ARTICLE V INCORPORATOR(S)

The name(s) and street ad	dress(es) of the	incorporator(s)	to these Articles of
Incorporation is(are):			
4			

CAROLINA SIERRA 300 SOUTH POINTE DRIVE MIAMI BEACH Pla 33139

#### ARTICLE VI DIRECTOR(S)

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

(P) Carolina Sierra 300 South Pointe Drive Miami Beach, FL 33139

The undersigned	incorporator(s)	has(have)	executed	these Articles	of
The undersigned Incorporation this	·	day of		, 19 <u>_</u> 9	3

X	- Aw	
<u> </u>	Signature	
	Signature	
	Signature	

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

e name and addre	ess of the registe	ered agent	and office is:
A	SIERRA		
300 SOUTH	POINTE	E) Drive	Suite 908
00.	P.O. BOX NOT A	CCEPTAB	ILE)
Miami B	each 33	139	·

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 SECRE TORY OF STATE OF STATE

**REGISTERED AGENT FILING FEE: \$35.00**