

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA

(City, State, Zip)

(305)552-5973

(Phone #)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

LOCAL REPRESENTATIVE TALLAHASSEE

(Corporation Name)

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TALLAMASSE OF STATE

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(Document #)

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Walk in Pick up time Certified Copy

Will wait Certificate of Status Mail out Photocopy

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\geq	Profit
	NonProfit
,	Limited Liability
	Domestication
	Other

ili Mar	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

14 1895 14 1895	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

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10 23 3 3 (10 d) 1 3 (10 d) 1 3 (10 d) 1 (2 d)	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

MAR

3 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 2, 1998

LAZARUS CORPORATE FILING SERVICE, INC.

MIAMI, FL

SUBJECT: A WORLD OF SERVICES, INC.

Ref. Number: W98000004550

We have received your document for A WORLD OF SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 398A00011409

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DIVISION OF CORPORATION

SECRETARY OF STATE

ARTICLES OF INCORPORATION

ion under the STATE

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:

A WORLD OF SERVICES OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

7517 S.W. 109th COURT # 9 MIAMI, FL. 33173

ARTICLE III SHARES

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

100 shares @ \$ 1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SARAH C. SUEIRAS 7517 S.W. 109th COURT # 9 MIAMI, FL. 33173

ARTICLE V INCORPORATOR(S)

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

SARAH C. SUEIRAS 7517 S.W. 109th COURT #9 MIAMI, FL. 33173

ARTICLE VI DIRECTOR(S)

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

SARAH C. SUEIRAS 7517 S.W.109th COURT #9 MIAMI, FL. 33173

The undersigned inco Incorporation this	rporator(s) has(have) executed these Articles of 26 day of, 19, 19
	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.

The name and addres	s of the regis	tered agent ar	nd office is:
SARAH C. SUEIR	A.S		
- 135	(NAI	ME)	
7517 S.W. 109	th_COURT #_	9	
	O. BOX NOT		

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 ()F MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE_____FEBRUARY 26, 1998

REGISTERED AGENT FILING FEE: \$35.00

FILED
98 MAR -3 PM I2: 25
SECRETARY OF STATE
TALLAHASSEE, FLORD.