

Department Of State Division Of Corporations P.O. BOX 6327 TALLAHASSEE, FL. 32314

SUBJECT: ANSHAR RESEARCH, INC.

800002501318-- 8 -04/27/98--01079--006 ******78 75 ******78 75

Enclosed is an original and one(1) copy of the articles of Incorporation and a check for:

\$78.75 to cover Filing Fee & Certificate

FROM:

ANTHONY J. BILLITTERI 6917 NW DOROTHY STREET PORT ST. LUCIE, FL. 34983

DAYTIME PHONE '561-287-9280

98 APR 27 PM 2: 55
SECRETARY OF STATE

EFFECTIVE DATE

4-21-98

JN 4-28-98

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:		
ANSHAR RESEARCH, INC.	e	
		EFFECTIVE DA
Article II Principal Office	-	=
The principal place of business and mailing address of this corpo	oration shall be:	4-21-0
6917 NW DOROTHY STREET		
PORT ST. LUCIE, FL 34983		
Article III Shares		
The number of shares of stock that this corporation is authorized	l to have outstanding at	any one time is:
1000 SHARES	-	-
		98 SE(
Article IV Initial Registered Agent And Street Addres	S	<u>ب- دع</u>
The name and Florida street address of the initial registered ager		
SHARON V. BILLITTERI	• •	ASSA 2
6917 NW DOROTHY STREET		~ ~ ~ •
PORT ST. LUCIE, FL 34983		
1011 51. 50015, 150 50	* · = ·	,
Article V Incorporator		울 :
The Name and Address of the incorporator to these Articles of In	ncornoration are	BH S
ANTHONY J. BILLITTERI	noorporation are.	
6917 NW DOROTHY STREET		
PORT ST. LUCIE, FL. 34983		
TORT 51: EOCH, TE. 54565		
Article VI Effective Date		
The effective shall be:	* * * * * - =	
APRIL 21, 1998		
Och allin.	1 21 6	2 &
Mithey & Xilletteen	4-21-1	0
Signature of Incorporator	Date	

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 Date