198000046220

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

SUBJECT:	Elecon Provis	ioning Service	25, Inc.	
	(Proposed c			
		30	000025300)83-
		* * * * * * * * * * * * * * * * * * *	-05/20/9801 ****131.25	1052(****13
Enclosed is an original a	and one(1) copy of the article	es of incorporation and 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 CO	PY REQUIRED	
FROM: _	DANIEL T. O	SHATZ rinted or typed)	<u>·</u>	
_	ZZ9 S.W. 31st Street			
	Address			
_	Fort Lauderdale, FL 33315 City, State & Zip			FILED
	•	2225	OF STAI E, FLOR	D
_	Daytime Telephone number		—— PAT 5.	

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

QN5-22-98

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:

Telecom Provisioning Services, Inc.

ARTICLE II—PRINCIPAL OFFICE

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

229 S.W. 31st Street Fort Lauderdale, FL 33315

ARTICLE III—SHARES

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

ONE HUNDRED THOUSAND (100,000)

ARTICLE IV—INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Daniel T. Oshatz 229 S.W. 31st Street Fort Lauderdale, FL 33315

98 MAY 20 M 9: 53 SECRETARY OF STATE TALL AHASSEE, FLORIDA

ARTICLE V—INCORPORATOR

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

Daniel T. Oshatz 229 S.W. 31st Street

Fort Lauderdale, FL 33315

Signature/Incorporator

1bate

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

May 8, 1998

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SECRETARY OF STATE
SECRETARY OF STATE