

P. 980000069804

Requestor's Name
USAT Service Inc.
6950 West 6 Avenue
408
Elmhurst, IL 33014

Office Use Only

IBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/11/98--01030--009
****122.50 ****122.50

8-11-98

Examiner's Initials

MM



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 4, 1998

USAI SERVICES INC.
6950 WEST 6 AVEN, #408
HIALEAH, FL 33014

SUBJECT: USAI SERVICES INC.
Ref. Number: W98000017640

We have received your document for USAI SERVICES INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

THE CORPORATION CAN ONLY HAVE ONE REGISTERED AGENT. PLEASE REMOVE ONE NAME FROM ARTICLE IV AND FROM CERTIFICATE OF DESIGNATION. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

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) 487-6922.

Bobbie Cox
Senior Corporate Section Administrator

Letter Number: 098A00040679

ARTICLES OF INCORPORATION

USAI SERVICES INC. _____

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: USAI SERVICES INC.

ARTICLE I I PRINCIPAL OFFICE

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

6950 WEST 6th AVENUE # 408
HIALEAH, FLORIDA 33014

ARTICLE III SHARES

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

(60)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERTO MATILLA
6950 WEST 6th AVENUE # 408
HIALEAH, FLORIDA 33014

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

**ALBERTO MATILLA
IVAN HERRERA
6950 WEST 6th AVENUE # 408
HIALEAH, FLORIDA 33014**

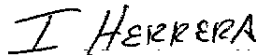
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of JULY 1998

(An additional article must be added if an effective date is requested.)



Signature



Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: **USAI SERVICES INC.**

2. The name and address of the registered agent and office is:

ALBERTO MATILLA
(NAME)

6950 WEST 6 AVENUE # 408

(P. O. Box or Mail Drop Box NOT ACCEPRABLE)

HIALEAH, FLORIDA 33014
(CITY/STATE/ZIP)

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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 performece of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

(DATE)

7-30-98

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314