## P98000098563

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

SUBJECT:	William Serbin UMS, Inc.			
	(Proposed corpor	rate name - must include su	iffix)	
			500002691 -11/19/980 ******70.00	
Enclosed is an original	l and one(1) copy of the articles	s 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: _	ROM: William Serbin OMS, Inc.  Name (Printed or typed)			
	1501 NE	13Th Cour	7	
-	Miami City, S	PL 3313	98 80	
•	305-27	2-0111	9	

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

Daytime Telephone number

## 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.	61 AON 86		
ARTICLE I NAME The name of the corporation shall be:			
William Serbin OMS, Inc.	:6 HV	RPORA	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  1501 NE 1374 Court	12	The same of the sa	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time			
100 shares with a \$1.00 par val			
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are:  William Sertin  1501 NE 13TH Court  Mann 1 PL 33139  ARTICLE V INCORPORATOR		-	
The name and address of the incorporator to these Articles of Incorporation are:			
William Serbin 1501 NE 13th Eourt Wiami, Fl. 33139			
(m) (lon) +1-16-99	3		
Signature/Incorporator Date			

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

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