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LEZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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*****78.75 *****78.75

OFFICE USE ONLY

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

1. PROFESSIONAL SERVICES, INC.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

98 DEC -7 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

98 DEC -7 AM 10:2
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

LAW OFFICES
G. FRANK QUESADA

SUITE 200
1313 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

TELEPHONE
(305) 446-2517

FACSIMILE
(305) 446-7521

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, Florida 32301

RE: Incorporation of Professional Services, Inc.

Gentlemen:

Enclosed please find original and one copy of the Articles of Incorporation of the above captioned corporation.

Also enclosed is our check in the amount of \$78.75 for filing fees.

Please certify the enclosed copy of the Charter and return to this office.

Thank you for your usual prompt and courteous attention.

Very truly yours,

G. Frank Quesada
G. Frank Quesada /SK/

Enclosure

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98 DEC -7 PM 1:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

PROFESSIONAL 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 this corporation shall be:

PROFESSIONAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

Mailing	Place of Business
8280 SW 144 Street	8150 SW 8th Street
Miami, Florida 33158	Miami, Florida 33144

ARTICLE III CAPITAL STOCK

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

750 AT \$10.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:


Elizabeth M. Ruiz
8280 SW 144 Street
Miami, Florida 33158

ARTICLE V INCORPORATOR(S)

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

Elizabeth M. Ruiz
8280 SW 144 Street
Miami, Florida 33158

The undersigned has (have) executed these Articles of Incorporation this 3
day of Dec, 19 98.


Incorporator - Elizabeth M. Ruiz

Incorporator -

STATE OF FLORIDA

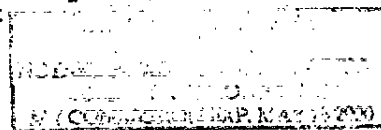
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared ELIZABETH M. RUIZ, to me known to be the persons described in and who executed the foregoing instrument or who have produced **DRIVER'S LICENSE** as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the
3 day of DEC, 19 98.


NOTARY PUBLIC, State of Florida at large

Manuel Rivero
(Print Name) May 15, 2000
My Commission Expires:




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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is: Professional Services, Inc.


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

Elizabeth M. Ruiz
8280 SW 144 Street
Miami, Florida 33158


Resident Agent - Elizabeth M. Ruiz

Date: December 3, 1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.


Resident Agent - Elizabeth M. Ruiz

FILED
DEC - 7 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA