P99000013193

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

Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a c	*****78.75	*****78.75
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	William Bark Name (Pr	DETTEE inted or typed)	SEC TALI	· · · · · · · · · · · · · · · · · · ·
	6002 Lake R	Address	FEB -8 PW	三日

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

City, State & Zip

Daytime Telephone number

941-439-5102

ne 2/10/99

fice Services, Inc.

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.	

FILED

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Transcribing & Office Services,

ARTICLE II PRINCIPAL OFFICE

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

6002 Lake Ruth DR, West Dundee, FL 33838

ARTICLE III SHARES

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

1,000 par value \$ 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

William Barberree 6002 Lake Ruth Deive, West Dundee, FL 33838

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

William Barberree 6002 Lake Ruth De, West Dundee, FL 33838

W. Wiggs Ballense

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