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

300**0**02842183--5 -04/16/99--01060--014 ******87.50 ******

SUBJECT: West Services, Inc. [Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM:	Rai F. Re	inted or typed)		~
	1021 W. Sr	nith Street	AHASSE	APR 16
	Orlando, I	FL 32804 State & Zip	E, FLORID	ED PM 2: 26

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

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 OF CORPORATION

The name of the corporation shall be:

WEST SERVICES, INC.



ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 550054 Orlando, FL 32855-0054

ARTICLE III SHARES

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

One (1) at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Office Technical Services, Inc. Attn.: Rai F. Peraza 1021 W. Smith Street Orlando, FL 32804

ARTICLE V INCORPORATOR

The Name and address of the incorporator to these Article of Incorporation is:

Reuben A. West 1210 East Anderson Street Orlando, FL 32801

Signature & Printed Name/Incorporator

Date

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