

P990000040018

TRANSMITTAL LETTER

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

500002825085--5  
-03/31/99--01044--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

South Florida Management 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

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

South Florida Management Services  
Name (Printed or typed)

4141 Hawthood St  
Address

North Port FL 34287  
City, State & Zip

941-423-1074  
Daytime Telephone number

99 MAY -3 AM 8:55

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 5, 1999

SOUTH FLORIDA MANAGEMENT SERVICES  
4141 HAMWOOD ST.  
NORTH PORT, FL 34287

SUBJECT: SOUTH FLORIDA MANAGEMENT SERVICES, INC.  
Ref. Number: W99000008027

We have received your document for SOUTH FLORIDA MANAGEMENT SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the Articles of Incorporation.

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) 487-6929.

Randall Purintun  
Document Specialist

Letter Number: 399A00017003

**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**

The name of the corporation shall be: SOUTH FLORIDA MANAGEMENT SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: HOME at 4141 HAMWOOD STREET Northport FL 34287

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: NONE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are: ANN-MARIE ADAMS  
4141 HAMWOOD STREET Northport FL 34287

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are: ANN-MARIE ADAMS  
4141 HAMWOOD STREET Northport FL 34287

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
99 MAY -3 AM 8:55

Ann Marie Adams

Signature/Incorporator

3-1-99

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

Ann Marie Adams

Signature/Registered Agent

3-1-99

Date