(Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) \*\*\*\*\*78.75 (Document #) (Corporation Name) (Document #) (Corporation Name) Pick up time 9,00 Certified Copy Walk in Certificate of Status Will wait Photocopy Mail out **AMENDMENTS** NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Roneign Fictitious Name, 38:11 MA 3- YAM 86 Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 5, 1999

**LAZARUS** 

MIAMI, FL

SUBJECT: TMP SERVICES, INC. Ref. Number: W99000010555

We have received your document for TMP SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 099A00024526

PEPARTICATION STATES

99 MAY -6 PM I2: 39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Icorporation.

### ARTICLE I NAME

The name of the corporation shall be:

LPC SELVICES, INC.

## ARTICLE II PRICIPAL OFFICE

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

15481 TURNBULL DRIVE MIAMI LAKES, FL. 33014

## ARTICLE III SHARES

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

# ARTICLE IV INITIAL REGISTERED AGENT AND SRIEET ADDRESS

The name and address of the initial registered agent is:

LISETTE M. REED 15481 TURNBULL DRIVE MIAMI LAKES, FL. 33014

### ARTICLE V INCORPORATOR(S)

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

LISETTE REED . 15481 TURNBULL DRIVE MIAMU LAKES, FC. 33014

#### ARTICLE VI DIRECTOR(S)

	s) and street address(es) of the	director(s) to these Articles of
Incorporat	ion is(are):	
PID	15481 TURNBULL DR.	JUBY LUPO 3735 THETLE RUN BURS.
	MIAMI LAKES, FL. 33014	CORM SPRING, FZ.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_\_\_\_, 19 99.

Signature

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

P.03

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

	egistered agent and office is:
LISETTE M. REE	· S
	(NAME)
15481 THENBULL	Deive
(P.O. BOX )	NOT ACCEPTABLE)
MIMMI LAKES, FL	. 33014

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 SIETE M. RUL

REGISTERED AGENT FILING FEE: \$35.00

99 HAY -6 PH I2: 39
SECRETARY OF STATE
TALLAHASSEE FLORINA