PAGENTIAL LETTER t of State TRANSMITTAL LETTER

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

400002864834--9-05/06/99--01034--002
******78.75 ******78.75

SUBJECT:				
Enclosed is an origina		rate name - must include suffix		•
□ \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	Sor incorporation and a circles of incorporation and a circle of incorporation and a circles of incorporation and a circles of incorporation and a circles	S87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Thomas A. Walsh		<u> </u>	
·	110 So. Manhattan Aver A Tampa, Florida 33609	ddress	99 MAY - 6 AM SECRETARY OF TALLAHASSEE, F	FILED
	(813) 287_1810		15	

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

Daytime Telephone number

6/1/5

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.

The name of the corporation shall be:

Anthony Accounting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

110 So. Manhattan Ave. Tampa, Florida 33609-3868

ARTICLE III

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

100

INITIAL REGISTERED AGENT AND STREET

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

Thomas A. Walsh

110 So. Manhattan Ave. \$39

The name and address of the incorporator to these Articles of Incorporation are:

Thomas A. Walsh 110 So. Manhattan Ave. Tampa, Florida 33609-3868

Signature/Incorporator

(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

romasellalsa Signature/Registered Agent

Date