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TRANSMITTAL LETTER

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

100002880381--4
-05/19/99-01072-010
*****78.75 *****78.75

SUBJECT: TSM Services, Inc.

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: Lisa K Grevemeyer

Name (Printed or typed)

108 Sunset Blvd.

Address

Boynton Beach, FL 33426

City, State & Zip

561-374-8874

Daytime Telephone Number

1999 MAY 19 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

The name of the corporation shall be:

TSM Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**108 Sunset Blvd.
Boynton Beach, FL 33426**

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Lisa K Grevemeyer
108 Sunset Blvd.
Boynton Beach, FL 33426**

ARTICLE V INCORPORATOR

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

**Lisa K. Grevemeyer
108 Sunset Blvd.
Boynton Beach, FL 33426**

Lisa K Grevemeyer
Signature/Incorporator

5-16-99

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 state 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.

Lisa K Grevemeyer
Signature/Registered Agent

5-16-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 MAY 19 AM 9:29

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