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OFFICE USE ONLY (Document #)

LAFARUS CORPORATE FILING SERVICE, INC.  
 (Requestor's Name)  
3320 S.W. 87th AVENUE  
 (Address)  
MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
LOCAL REPRESENTATIVE TALLAHASSEE

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 -06/08/99--01045--004  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ALL FLORIDA BANKING SERVICES INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

RECEIVED

JUN -8 AM 11:31  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

99 JUN -8 PM :05  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED

☒ Walk in    
 ☒ Pick up time 2.00    
 ☒ Certified Copy  
☐ Mail out    
☐ Will wait    
☐ Photocopy    
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten signature/initials*

Examiner's Initials

## 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 Incorporation.

FILED  
99 JUN -8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

All Florida Parking Service INC.

### ARTICLE II PRINCIPAL OFFICE

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

1400 NW 96 Avenue  
Miami, Fl. 33172

### ARTICLE III SHARES

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

\$ 1000.00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

David Arce  
1400 NW 96 Avenue  
Miami, Florida 33172

**ARTICLE V INCORPORATOR(S)**

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

David Arce  
1400 NW 96 Avenue  
Miami, Florida 33172

**ARTICLE VI DIRECTOR(S)**

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

David Arce (P)  
1400 NW 96 Avenue  
Miami, Florida 33172

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

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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.

1. The name of the corporation is: All Florida Parking Service Inc.

2. The name and address of the registered agent and office is:

David Arce -

(NAME)

1400 NW 96 Avenue

(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33172

(CITY/STATE/ZIP)

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 David Arce

DATE 6-8-99

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
99 JUN -8 PM 1:05

FILED

REGISTERED AGENT FILING FEE: \$35.00