# P9900052531

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

200002897362--4 -06/07/39--01162--020 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

SUBJECT:	TRANS - SCR (Proposed corpor	1BE PROFESS/ rate name - must include suffi	ONAL SERV	JICES, IN
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :	_
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL COP	& Certificate of Status	
FROM:	BURT KA	r > inted or typed)		
	6019 GOLF	VILLAS DRIVE	<u> </u>	
	BOYNTON BE	EACH, FL. 33 State & Zip	<u>437</u> ; Aug	99
	561-734- Daytime Tel	3447 lephone number	AHASSEE, FLORIDA	99 JUN -7 AM 10: 13

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

0/6/10

### 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: TRANS-SCRIBE PROFESSIONAL SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

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

BOYNTON BEACH, PL. 33437

### ARTICLE III SHARES

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

50

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BURT KATZ 6019 GOLF VILLAS DRIVE BOYNTON BEACH, FL. 33437

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

BURT KATZ 6019 GOLF VILLES DR. BOYNTON BEACH, FL. 33437

Signature/Incorporator

6-1-9 Data

(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

Signature/Registered Agent

6-1-99

Date