OFFICE (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if know (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 ✓ Walk in BETH SAIN NAME DYSMEND Certified Copy Mail out Will wait Photocopy Certificate of Status - NEW FILINGS **AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark (Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 29, 1999

LAZARUS

MIAMI, FL

SUBJECT: SERVICE FLORIDA, INC.

Ref. Number: W99000017616

We have received your document for SERVICE FLORIDA, 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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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 Peole

Oorporate Specialist

Letter Number: 599A00038759

ARTICLES OF INCORPORATION

<u>O</u>E

SERVICE FLORIDA	GROUP,	Inc.	
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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.

ARTICLE I NAME

The name of the corporation shall be:

SERVICE FLORIDA GROUP, INC.

99 JUL 30 PH 3: 37
SECRETARY UF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

11960 N.W. 27th Street Plantation, Florida 33323

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROSA MARIA MONTERROSA 11960 N.W. 27th Street Plantation, Florida 33323

ARTICLE V INCORPORATOR(S)

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

ROSA MARIA MONTERROSA 11960 N,W. 27th Street Plantation, Florida 33323

The undersigned inco	orporator(s)) has(have) e	executed thes	e Articles of Inc	orporation this
	_ day of	JULY		19 <u>99</u> .	
		Mora	My my	antoner	,
	<		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: SERVICE FLORIDA GROUP,	Inc.
,		
2. T	The name and address of the registered agent and office is:	
	ROSA MARIA MONTERROSA (NAME)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
_	11960 NW. 27th Street (P.O. BOX NOT ACCEPTABLE)	=
	Plantation, Florida 33323	ngajara sambar
	(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.

DATE July 1999

SECRETARY OF STATISTICS

TOTAL LAHASSEE FLORI

REGISTERED AGENT FILING FEE: \$35.00