Florida Department of State Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314



Re: One Cial Rusiness Referral Services Inc.
(Name of Corporation)

Gentlemen:

400002952324--4 -08/06/99--01025--018 \*\*\*\*122.50 \*\*\*\*\*78.75

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Leroy Lewis

(Individual's Name)

FILED 99 AUG -6 AM 10: 44 SECRETARY OF STATE ALLAHASSEE, FLORIDA

OMECALL Business Referral Services Inc.
(Name of Corporation)

K. Rolfe AUG 1 2 1999

MAILING ADDRESS OF C	URPORATION —
8524 SW 17	
FT Laudorduste,	Florida 33324
PHONE (954) 452-572-3  Area Code Number	
Area Code Number	Ext.

## ARTICLES OF INCORPORATION

of

one CALL Business Referral Services Inc.						
(name of corporation)						
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(the following articles of incorporation for such corporation:	(s)					
ARTICLE I - CORPORATE NAME						
The name of the corporation is:						
one Call Business Referred Services Inc.						
ARTICLE II - DURATION  ARTICLE II - DURATION  This corporation shall exist perpetually unless dissolved according to Florida law.	<u>n</u> = n					
ARTICLE III - PURPOSE						
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws United States and the State of Florida.	of the					
The corporation is authorized to issue	share.					
STREET ADDRESS 8524 SW 17 CT	: - <del></del>					
CITY ET Laudevagle FLORIDA ZIP 3332	P					
Mailing address, if different						
STREET ADDRESS						
CITY FLORIDA ZIP						
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT						
The street address of the initial registered office and the name of the initial registered agent at the off	ice is:					
NAME Levoy Lewis						
ADDRESS 8524 SW 17 CT	- 3					
CITY ET Laudevarle. FLORIDA ZIP 3332	ΣÝ					

either increased or	tion shall have(	) direc	tors initially. The num	aber of directors may be (1). The names and
NAME	Levoy Lewis		<del></del>	
ADDRESS	8524 SW 17 CT			
CITY	FT Lyuda dale	STATE	Hovid4	ZIP 38324
NAME	Covey Koploff			·
ADDRESS	11768 SWIST			
CITY	Coval Springs	STATE	Florida	ZIP 330)1
NAME				<u></u>
ADDRESS				
CITY	-	STATE	· · · · · · · · · · · · · · · · · · ·	ZIP
The names and ac	ARTICLE VIII - IN			vs:
NAME	Levoy Lewis			
ADDRESS	85 24 SW MCT	·		
CITY	IT Landadye	STATE	Florida	ZIP 33324
NAME	Covey Koploff			
ADDRESS	11768 SW1 ST			
CITY	Covel Springs	STATE	Horida	ZIP3 30 1
NAME	•		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
ADDRESS	V-1:			
CITY		STATE		ZIP
	ed incorporator(s) have executed these Artic	les of Inc.	orporation this	2612
day of			nog fur over Konly	(Signature) (Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



one cost Business Referral Services Inc.
(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 8524 SW 17 CT
FT Louday date, Florida 33324
has named Levoy Lewis
located at the aforesaid address, as its registered agent to accept service of process within this
state.
· ·
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 regis-
tered 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.
Lewy Lewis 7-26-99
(Signature) (Date)

(Signature)