

NO 000011926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

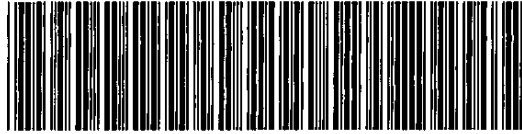
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: ILB, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

FROM: David & Julie Tcherfas
Name (Printed or typed)

2049 South Ocean Dr. 209E
Address

Hallandale, FL, 33009
City, State & Zip

412-901-8084
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ILB, INC.

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ARTICLE II PRINCIPAL OFFICE

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

2049 South OCEAN Dr. 209E
Hallandale, FL, 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO FACILITATE IN ADOPTION SERVICES,
FOR INTERNATIONAL ADOPTION AGENCIES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

SHAREHOLDERS ARE THE DIRECTORS OF INCORPORATION

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

DAVID Tcherfas - 2049 South OCEAN Dr. 209E, HALLANDALE, FL, 33009
Julie Tcherfas - - SAME -
- SHAREHOLDERS

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

2049 South OCEAN Dr. 209E
HALLANDALE, FL, 33009


DAVID Tcherfas

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julie Tcherfas
2049 South OCEAN Dr. 209E
HALLANDALE, FL, 33009

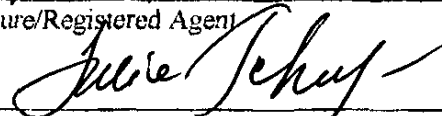
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

X 

Signature/Registered Agent

X 10-21-06

Date

X 

Signature/Incorporator

X 10-21-06

Date