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MIAMI, FLORIDA (305)552-5973	ED PR
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	PM 12: 43 EE, FLORIDA
CORPORATION NAME(S) & DOCUMENT NUM  1. LIMONTES & ASSOCI  2.	BER(S) (if known):
(Corporation Name)  3. (Corporation Name)	(Document #) 400058491642 -08/01/0201009016 (Document #) *****78.75 *****78.75
4. (Corporation Name)  Walk in Pick up time 2.00  Mail out Will wait Photocopy  NEW FILINGS  AMENDM  Amendment  NonProfit Resignation of F  Limited Liability Change of Regist  Domestication  Other  (Corporation Name)  AMENDM  Amendment  Resignation of F  Change of Regist  Dissolution/Without	R.A., Officer/Director
Annual Report  Fictitious Name  Name Reservation  Reinstatement  Trademark	hip F. WHESSER AUG 1
Other	Examiner's Initials

### ARTICLE 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: LIMONTES & ASSOCIATES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1425 S.W. 119<sup>th</sup> Court Miami FL 33184

#### ARTICLE III SHARES

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

100 (One Hundred Shares)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carlos S. Limontes 1425 S.W. 119<sup>th</sup> Court Miami FL 33184

#### ARTICLE V INCORPORATOR

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

Carlos S. Limontes 1425 S.W. 119<sup>th</sup> Court Miami FL 33184

Signature of Incorporator

Date

(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

Date

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