

PD2000130307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

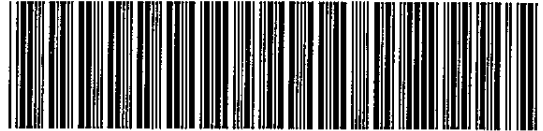
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Molina ART Gallery Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Nancy Almoza
Name (Printed or typed)

5201 NW 7 Street Apt 607W
Address

Miami, FL 33126
City, State & Zip

(305) 567-1959
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Molina ART Gallery Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5201 NW 7 Street Apt 607W
Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ART Gallery

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Rolando Zerguera (President)
3301 NE 5 Ave Ap. 915 Miami FLA
33137

Nancy Almoza (Sec) 5201 NW 7 Street Apt 607W
Miami, FL 33126

ARTICLE VI REGISTERED AGENT

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

Nancy Almoza
5201 NW 7 Street Apt 607W
Miami, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nancy Almoza
5201 NW 7 Street Apt 607W
Miami, FL 33126

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/Incorporator

12/5/02
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA