

095000043625

TRANSMITTAL LETTER

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

FILED
1995 MAY 31 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT :

Enclosed is an original and one (1) copy of the articles of
incorporations and a check for :

\$ 70.00

From : Julie Alva
2441 SW 142 FL
Miami FL 33175
(305) 226-3563

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-05/31/95--01071--016
*****70.00 *****70.00

ARTICLES OF INCORPORATION

The undersigned Incorporators, for the purpose of forming a corporation under Florida Business Corporation Act, hereby adopts the following articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be :

PLASTER BEST INC.

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ARTICLE II PRINCIPAL OFFICE

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

Principal place : 6480 SW 42 TERRACE

Miami Fl 33155

Mailing address : 6480 SW 42 TERRACE

Miami Fl 33155

ARTICLE III SHARES

The maximum number of shares of stock that this corporation is authorized to issue is 500 shares of common stock having

\$ 1 per value per share.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 40,091, Florida Statutes, the following is submitted, in compliance with said Act:

First-- that PLASTER BEST INC.

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of Miami, County of Dade, State of Florida has named MARIA G. CHOW

located at 6480 SW 42 TERRACE MIAMI FL 33155 City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT : (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By 
(Registered Agent)

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