## P960000026419

#### TRANSMITTAL LETTER

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

000001751060 -03/20/96--01072--006 •••••78.75

SUBJECT:	INTERGROUP IN	C.			
	(Proponed corpor	ate name - must include suffi	N)		
Enclosed is an or	riginal and one (1	copy of the articles of	incorporation a	nd a check	
Filling Fee		#122.50 Filing Fee & Certified Copy Additional Copy	# \$131.25 Filing Fee, Certified Copy & Certificate Required		
FR	OM: HUMBERT	O QUIBANO		SS HAR	
	N	Name (printed or typed)			11
	6553 M	ARISSA CIRCLE		20 A	
		Address			$\ddot{c}$
	LAKE WO	RTH FL 33467		AHII: 21 STATE F. FLORIDA	
		City, State & Zip		>	
	407- 96	7 8970			

AL MAR 26 1005

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

Daytime Telephone number

FILED
96 HAR 20 AHII: 21

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

INTERGROUP INC.

#### ARTICLE II PRINCIPAL OFFICE

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

6553 MARISSA CIRCLE, LAKE WORTH, FLORIDA, 33467

#### ARTICLE III SHARES

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

1.000. (one thousand)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HUMBERTO QUIBANO 6553 MARISSA CIRCLE LAKE WORTH, FL. 33467

#### ARTICLE Y INCORPORATOR(A)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

HUMBERTO QUIBANO
6553 Mariana Circle
Lake Worth, F1. 33467 (President)

LUZ X. QUIBANO
6553 Mariana Circle
Lake Worth, F1. 33467 (VicePresident)

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION OF SOME 20 AMILIEST REGISTERED AGENT/REGISTERED OFFICE CONTROLL AND AMILIEST REGISTERED OFFICE CONTROLL AND AMILIEST REGISTER AMILIEST REGISTER AMILIEST REGISTER AMILIEST REGISTER AMILIEST REGIST REGIST REGISTER AMILIEST REGIST REGIST REGIST REGIST REGIST

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 & 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

t.	The name of the corporation is:	INTERGROUP	INC.	<del></del>
		<del></del>		····
2.	The name and address of the registr	ered agent and	office is:	
	HUMBERTO QUIB	ANO		
		(Name)		_
	6553 MARIS	SA CIRCLE		
	(P.O. Box or Mail	Drop Box NO	(acceptable)	<del></del>
	LAKE WORTH.	FL. 33467		
	(C	ity/State/Zip)	,	
Ha Do To To	eving been named as registered agen ove stated corporation at the place of appointment as registered agent an comply with the provisions of all stat mance of my duties, and I am familian on as registered agent.	nt and to acceptesignated in the designated in the designated in the designation to the design to th	t service of proc is certificate, I i in this capacity. I the proper and opt the obligation	ess for the ereby accept I further agre- complete per- is of my posi-
	4-9-		March	15/96
_	(Signature)		(Date)	<del></del>