## P978000 87/30

TRANSMITTAL LETTER

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



SUBJECT:	Elke Ros			
	(Proposed corpora	ate name - must include suf	fix)	
		40	00023146 -10/08/97011 ******78.75	
Enclosed is an original	l and one(1) copy of the articles	of incorporation and a	check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	☐\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	EIKE RO			
	Name (Printed or typed)			
	3115 mary St # A			
	F	Address		
	MIAMI, FA	33133	·	
	City,	State & Zip		
	(305) 445-	-8205		
Daytime Telephone number				

## ARTICLES 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.

The name of the corporation shall be:				
Elke Rosen, Inc.	TAL	971		
ARTICLE II PRINCIPAL OFFICE	LAK			
The principal place of business and mailing address of	this corporation shall be:			
3115 Maly St Wiami, FLA 3313	# A	FILED 97 0CT -8 PH 10: 1		
MIAMI, F/A 3313	3 5	<u>ن 5</u>		
AKTICLE III SHAKES	<del> </del>	. (1)		
The number of shares of stock that this corporation is	authorized to have outstanding at any one th	ne is:		
100				
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:				
	· · · · · · · · · · · · · · · ·			
Drew Kosen	3115 Wary St #A			
ARTICLE V INCORPORATOR	3115 Wary St #A Muni, FL 33133			
The name and address of the incorporator to these Articles of Incorporation are:				
Elke Rosen 3115 Mary St H Mani, Fle 33133	EA			
Mismi, Flx 33133				
Alle Rosen	10/2/97			
Signature/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