

**P99000037529**

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**LARUS CORPORATE FILING SERVICE, INC.**

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002851473--2

-04/26/89--01066--010

\*\*\*\*300.00 \*\*\*\*\*78.75

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. SAUCEDA AND GRANVILLE, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in   
  Pick up time 9:00   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

99 APR 26 PM 2:16  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**FILED**

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 99 APR 26 AM 11:17  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials

**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:

SANCEDA AND GRANVILLE,

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TALLAHASSEE FLORIDA

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ARTICLE II PRICIPAL OFFICE

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

2079 NE 123<sup>RD</sup> ST  
NO. MIAMI, FL 33181

ARTICLE III SHARES

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

100 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND SRTEET ADDRESS

The name and address of the initial registered agent is:

SANDRA B. TRELLY  
2079 NE 123<sup>RD</sup> ST  
NO. MIAMI, FL 33181

DATE

ARTICLE V INCORPORATOR(S)

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

BENITO SAUCEDA III  
2079 NE 123 ST. No. MIAMI FL. 33181

ARTICLE VI DIRECTOR(S)

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

BENITO SAUCEDA III  
2079 NE 123 ST. No. MIAMI FL. 33181

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 21ST day of APRIL, 1999.

Benito Sauceda III  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 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.

1. The name of the corporation is: SAUCEDA AND GRANVILLE, INC.

2. The name and address of the registered agent and office is:

SANORA B TRELL  
(NAME)

2079 N.E. 123 ST.  
(P.O. BOX NOT ACCEPTABLE)

No. Miami FL 33181  
(CITY/STATE/ZIP)

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

*Sanora B. Trell*

DATE

4/21/99

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TALLAHASSEE FLORIDA

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REGISTERED AGENT FILING FEE: \$35.00