POOOOOOHS176

Department of State Division of Corporations P.O. Box 6327 -04/10/00--01151--007 Tallahassee, FL 32314 ****157.50 *****78.75 (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **🔀** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Cop & Certificate of Status ADDITIONAL COPY REQUIRED FROM:

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

W-10017

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.
Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE
The main aim at inflace of have imposed and more increased of this correction shall be:
21071 Woodspine He Rate, FL. 33428.
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
7 -
ADMINISTRATION AND CONTRACTOR AND CO
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
Linea Shari
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Jacob Shoy Roodspring Ave Boca Raten, FL. 33428
<u>4-3-00</u>
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
(An additional article must be added it all 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