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

MARTIR Ruiz Constantion Deput (Proposed corporate name - must include suffix)

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

**Ø** \$70.00 Filing Fee

\$78,75

Filing Fee & Certificate of Status **□**\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MARTIR Dela Cruiz Ruiz
Name (Printed or typed) 500 N.W. 34 th STR. April 102

Pompano Bol, Rockdar 33064

954- 325-4188 Daytime Telephone number

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

## 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:

01 JAN 17 AM 9: 03

•	TALLAHASSEE FLORID
ARTICLE I NAME	FALLAHASSEE FLORIC
Martin Ruiz Constanction	Device, Inc.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this co	orporation shall be:
500 N.W. 34th STR. APT Pompano Bot, Pl. 3304	102
ARTICLE III SHARES	
The number of shares of stock that this corporation is author	ized to have outstanding at any one time is:
1000	
ARTICLE IV INITIAL REGISTERED AGENT	AND STREET ADDRESS
The name and Florida street address of the initial registered	agent are:
MARTIR De LA CRUIZ PRIZ 500 N.W. 34th STR Apt # 102 Pompano Boh, Fl. 33064	
Pompano Boh, PC. 33067	
ARTICLE V INCORPORATOR	
The second secon	of Incorporation are:
MARTIR De LA CRUIZ RU 500 N.W. 34th STR APT to Pompano Boh, FL. 33064	DZ
MOTTIS ALO COUZRAIZ Signature/Incorporator	/-4-21 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

mattirdula cour Raiz	10 4-01
Signature/Registered Agent	Date