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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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TRANSMITTAL LETTER

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

SUBJECT: F.A.	Javier, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:	
□ \$70.00	□ \$78.75		☑ #07.50	
Filing Fee	Filing Fee	□ \$78.75	∠ \$87.50	
rining rec	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate of Status	& Certified Copy	& Certificate of	
			Status	
		ADDITIONAL CO		
FROM: D	iPasquale & Associates, P.A	\ .		
r ROWI.		(Printed or typed)	<u> </u>	
14345 Sunset Lane				
	1	Address		
	Ft. Lauderdale, FL 33330			
	City, State & Zip			
	City,	State & Zip		
	(954) 252-7200			
Daytime Telephone number				

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

· ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

F.A. Javier, Inc.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 419 Lakeside Drive
Tamarac, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Francisco Anistizabal, President 419 Lakeside Drive Tamarac, FL 33319

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Francisco Anistizabal 419 Lakeside Drive Tamarac, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Francisco Anistizabal 419 Lakeside Drive Tamarac, FL 33319

Signature/Registered Agent

Date

Signature/Incorporator

Date