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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Nan	na)
(0)	Jamesa Lingly Hair	ne <i>)</i>
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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' TRANSMITTAL LETTER

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

SUBJECT:	inistenio Quiva e (PROPOSED CORPORA	I fugo, Inc. TENAMEL MUST INCLUI	DE SUFFIX)
Enclosed is an original a	nd one(1) copy of the Arti	cles of Incorporation and a	a check for :
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Roberto Name (F	Rodriguez Printed or typed)	_

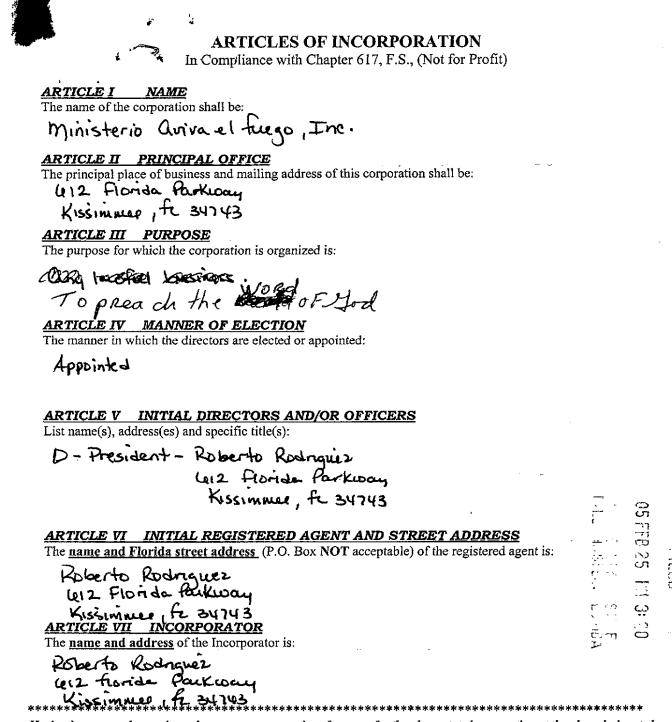
1012 Florida Parkway

Address

Daytime Telephone number

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

. . .



Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Public Fodurius

Signature/Incorporator

Date

2-4-05

Date