

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

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LOIVE. INC				
(Proposed corporate name - must include suffix)				
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nd one(1) copy of the articles of	of incorporation and a check for .			
S122.50 Filing Fee Second Seco	\$131.25 Filing Fee			
ADDITION	ADDITIONAL COPY REQUIRED			
,	(Proposed corporate name - must ad one(1) copy of the articles of \$122.50 Filing Fee \$2 Fee rtificate			

ADDITIONAL COPY REQUIRED

FROM: LOIVE, INC Name(Printed Or Typed

4782 NW 4 Terr Address

Miami, Fl 33126 City, State & Zip

305-529-6652 Daytime Telephone number OD JAN 13 AM 11:36
SECRETARY OF STATE
TALL AHASSEE FLORIN

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 AMII.

Rusiness Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be: LOIVE. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 4782 NW 4 Terrace, Miami, Fl. 33126

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized 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: Luis A. Blanco

4782 NW 4 Terrace, Miami, Fl. 33126

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Dolores Soler 7821 SW 127 Drive, Miami, FL. 33183 Ivelisse Sanchez 4782 NW 4 Terrace, Miami, Fl. 33126 Luis Blanco 4782 NW 4 Terrace, Miami, Fl. 33126 Miguel Angel Torre 7821 SW 127 Drive, Miami, FL. 33183

Signature/Incorporator

12-27-59 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

Signature/Registered Agent

Date

DO JAN 13 AM 11:36
SECKLINEY OF STATE
TALLAHASSEE, FLORIDA