OFFIC LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552 - 5973(City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Will wait Mail out Certificate of Status Photocopy AMENDMENTS NEW FILINGS Amendment Profit NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Examiner's Initials

Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 20, 2000

LAZARUS

MIAMI, FL

SUBJECT: N.C. CORPORATION Ref. Number: W00000001624

We have received your document for N.C. CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 200A00002774

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 21, 2000

LAZARUS

MIAMI, FL

SUBJECT: Y.C. CORPORATION Ref. Number: W00000001624

We have received your document for Y.C. CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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Loria Poole Corporate Specialist

Letter Number: 300A00003033



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

N.C. NATIONAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

N.C. Corporation

7785 W 34 Ct. HIALEAH. FLORIDA. 33018

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Share value of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

NELSON CAPOTE

7785 W 34 Ct. Hialeah. Fl. 33018 + aglife

ARTICLE V. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NELSON CAPOTE

7785 W 34 Ct.

Hialeah Fl 33018

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

NELSON CAPOTE

7785 W 34 Ct.

Hialeah Fl 33018

Ine und Incorpo	lersigned ration this	incorpreator(s) has(sday	have) execute of Januar	ed these Articles of
NELSON	CAPOTE	7785 W 34 Ct. HIALEAH FL33018	Signat	ture
				VICEPRESIDENT SECRETARY Ure
			Signat	ure

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

ie name	and address of the registered agent and office Is:
	NAME)
	7785 W 34 Ct.
	(P.O. BOX NOT ACCEP" ABLE)

HAVING BEEN NAMED AS R. ISTERED 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 INEGISTERED AGENT.

SIGNATURE

NELSON CAPOTE

DATE____1/16/

