

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

SUBJECT:		RAL FLORID.		
-	(Proposed corpo	orate name - must include suff	-01/20/00	<b>D5266—-</b> 5 D01122008 .75 *****78.75
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	check for:	i
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	t: Odalys Figu.	erinted or typed)		-
	540 Auburn	Ave	AL AL	8 11 23 23 23 24 25 25 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
	Altamonte Sp	Drings FL 32 State & Zip'	714	

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

0) (8)

## 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.

ARTICLE I NAME  The name of the corporation shall be:	
P.H.W.S. CENTRAL FLORIDA INC.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	10 C
540 Auburn Altamonte Springs, FL. 32714	
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one  1000 Share no par Value	e time is:
7000 3744	

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOSE FIGUEROA 540 AUBURN AVE Altamonte Springs, FC. 32714

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Odalys FIGUEROA 540 Auburn Avl Altamonte Spring, FL. 32714 <u>Odale Figueroa</u> Signature/Incorporator

1/18/2000 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