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

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SUBJECT:	BAUZA-RIVERA	SALES	INC
		(Proposed	corpo

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate of Status

\$78.75

Eilina Daa

Filing Fee & Certified Copy \$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	MIRIAM RIVERA WEZYK	Ze e
•	Name (Printed or typed)	JAN CARE
	-	ASA SAN
	P.O. BOX 854	## ### ### ### ######################
	Address	- 12 =
		Y 9: FLOR
	MT DORA, FL, 32757	RIDA RIDA
	City, State & Zip	>
	•	
	352-735-6999	
	Daytime Telephone number	

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

ARTICLE I NAME

The name of the corporation shall be:

BAUZA-RIVERA SALES INC.

OJAN31 AM 9:19 ECRETARY OF STATE TAHASSEE FLOOR

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 854 MT DORA, FL, 32757

<u>ARTICLE III SHARES</u>

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MIRIAM RIVERA WEZYK
428 NORTH DONNELLY ST SUITE #1
MT DORA, FL, 32757

ARTICLE V INCORPORATOR

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

MIRIAM RIVERA WEZYK P.O. BOX 854 MT DORA, FL, 32757

Signature/Incorporator Wegy K

1/26/00

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

1/26/00

Date