OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY	
CORPORATION NAME(S) & DO	OCUMENT NUMBER(S) (if known):
1. LYLORE RESE	
Corporation Name)	(Document #)
3	443
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Certified Copy Certificate of Status Certificate
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
L	Examiner's Initials

ARTICLES OF INCORPORATION FOR LYLORE RESEARCH & DEVELOPMENT CORP.

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:

LYLORE RESEARCH & DEVELOPMENT CORP.

ARTICLE II PRINCIPAL OFFICE

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

8445 S.W. 102 PLACE MIAMI, FLORIDA 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

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

LYDIA NUNEZ 8445 S.W. 102 PLACE MIAMI, FLORIDA 33173

ARTICLE V INCORPORATOR

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

LYDIA NUNEZ 8445 S.W. 102 PLACE MIAMI, FLORIDA 33173



ARTICLE VI DIRECTOR(S)/OFFICER(S)

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

LYDIA NUNEZ (P)
JOSE E. TRUJILLO (VP/S)
LORRAINE DE DIEGO (T)
8445 S.W. 102 PLACE
MIAMI, FL 33173

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, I hereby accept the appointment as registered agent an 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 of Registered Agent

Date

SECRETARY OF STATE
TORIDA

Signature of Registered Agent