POODOOD 27396

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

400003165174--4-03/10/00--01065--007
******78.75 ******78.75

SUBJECT:		rate name - must include suf	fix)			-
Enclosed is an origi	nal and one (1) copy of the articl					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM	11271 N.W. 6 MIÀMI, FL.	rinted or typed) ST. Address 33/72 State & Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	00 MAR 10 PH 2: 16	• • • • • • • • • • • • • • • • • • •	

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

Daytime Telephone number

93/A7

In compliance with (Chapter 607 and/or C	Chapter 621, F.S. (Pr	ofit)		
ARTICLE 1	NAME				
The name of the corp		-		•	•
	EUTERPHISE	8, IRC.			Maria d
ARTICLE II The principal place of	PRINCIPAL (OFFICE	in the second second		··· O
11271 N.W.		are 22 12:	_	F	
MANI, A				AHA	RETA
ARTICLE III	PURPOSE			20,00	
The purpose for which		organized is:	··• , ··- ···	Ţ	
MARKET MEMI	BELSIUPS FOR	ME-PAID	LEGAL PLAN	T E O S	PM 2: 1
ARTICLE IV	SHARES			<u> </u>	SHI O
The number of shares	of stock is:				
100					
ARTICLE V	INITIAL OFFI	CERS/DIRECTO	RS .		
The name(s) and addition of the contract of th	ress(es): 1770 GUEUDAA TANOSA TA,	MELEVITIVE MONNETING	DINECTON DINECTON		
ARTICLE VI	REGISTEREL	AGENT			
The name and Florid	a street address reg	istered agent are-			
TOHAS ESQUISI	ANICA JN.	poiotou agoit ato.	•		s .
	33172				
ARTICLE VII	INCORPORAT	OR			_
The name and address	s of the Incorporator	are:		••	
CAMPS A- GUEV	IBAM ST. # 104				
MIAMI R ************************************	33172				
Having heen named as very	*********************	**********	*********	**********	****
Having been named as reg this certificate, I hereby acc the provisions of all statute					
,	o commit to me broder	and complete performa	ee to act in this capacity. nce of my duties, and I a	1 Jurtner agree t 2 Jurtner agree	o comply with
obligations of my position a	o registered ugent.		y -y was a ta	juiimeati vitili U	т иссері ше
EXPLY OF	Lufam In.		MORCH 6	2000	
Signature/Re	gistered Agent	· -	<u> </u>	Date	
	Tack -		Knanu 1	a_	

Date

Signature/Incorporator