

TRANSMITTAL LETTER

P000000046322

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

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-05/08/00--01077--015

*****78.75 *****78.75

SUBJECT: LIBERTE-MYERS, INC.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: PAUL A MYERS
Name (printed or typed)

10955 SW 159 TERRACE
Address

MIAMI, FL 33157
City, State & Zip

(305) 256-8566
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 MAY -8 PM 4: 22

FILED

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

af 5/9

FILED

2000 MAY -8 PM 4: 22

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 I NAME

The name of the corporation shall be:

LIBERTE-MYERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

10955 SW 159 TERRACE
MIAMI, FL 33157

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of their initial registered agent is:

PAUL A. MYERS
10955 SW 159 TERRACE
MIAMI, FL 33157

ARTICLE V

See instructions for officers/directors

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

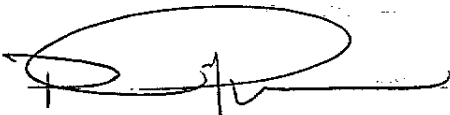
PAUL A. MYERS, 10955 SW 159 TERRACE, MIAMI, FL 33157

JERAMY LALIBERTE, 3741 SW 60 TERRACE, DAVIE, FL 33314


The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of MAY, 19 2000

(An additional article must be added if an effective date is requested.)



Signature P.M.



Signature J.L.

Signature

Notarization is not required

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2000 MAY -8 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATION OF THE DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: LIBERTE-MYERS, INC.

2. The name and address of the registered agent and office is:

PAUL A. MYERS

(NAME)

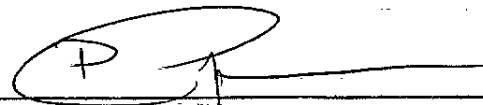
10955 SW 159 TERRACE

(P.O. Box or Mail drop Box NOT Acceptable)

MIAMI, FL 33157

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, U 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) P. A. M.

5/3/00
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314