# POCOCOO GA447

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

SUBJECT:	I CASY FNC Proposed corpo	rate name - must include suf	Tix)	_
		g	SOOOD330 -06/26/00- ****122.5	-01088008
Enclosed is an original	and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: _	3140 Sher	rinted or typed)  Wood Blud.	Inc.	If 00 MSI/Ata 1338
- -	Dellay Bea	Address	33445	FILED STAT

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

Jul 27/00

# ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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#### ARTICLE I NAME

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The name of the corporation shall be:

Micasy, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

430 Lakeview Drive #102 Weston, FL 33326

#### ARTICLE III SHARES

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

500 Shares

Weston,

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Allison Hodes-Perfecto 430 Lakeview Drive, #102 Weston, FL 33326

### ARTICLE V INCORPORATOR

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

Allison Hodes-Perfecto 430 Lakeview Drive #102

Signature/Incorporator

6-12-00

(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 event

Signature/Registered Agent

Date