

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

000003342150--4

-08/01/00-01022-014

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

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DR. LEAKY, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2.00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DIVISION OF CORPORATION

00 AUG - 1 AM 11:11

RECEIVED

Examiner's Initials

ARTICLES OF INCORPORATION

OF

DR. LEAKY, INC.

FILED
00 AUG -1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: DR. LEAKY, INC.

The principal place of this corporation shall be: 9740 SW 211 ST, MIAMI, FL 33189

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation

ARTICLE III CAPITAL STOCKS

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding any one time is: 100 shares x 5.00 Per Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (Es) of initial officer(s) and directors (s), if any who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are)

President	EDDY GUEVARA
Treasury-Secretary	ALEJANDRO LABOURDETTE

ARTICLE VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator(s) to this articles of incorporation is (are)

ALEJANDRO LABOURDETTE
9740 SW 211 ST
MIAMI, FL 33189

ARTICLE VII PERCENTAGE OF PARTICIPATION AND DISTRIBUTION

The percentage of participation and distribution among initial officer (s) and director (s) is as follows:

EDDY GUEVARA	50%
ALEJANDRO LABOURDETTE	50%

IN WITNESS WHEREOF, the undersigned incorporator (s) has (have) executed these Articles of Incorporation's this 26 day of June 2000

Signature (s) of Incorporator (s)

Alinda Kabaditt

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to provisions of section 607.325 , 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 DR. LEAKY, INC.
2. - The name and address of the registered agent and office is: Jorge Alvarez

15511 SW 152 LANE

(PO Box Not Acceptable)

Miami FL 33187

(City/ state/ Zip)

Signature

(Corporate officer)

Title Treasurer- Secretary

Date

7-31-00

Alinda Kabaditt

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I

FURTHER AGREE TO COMPLY, WITH THE PROVISSION OF ALL
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE
OF DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION
607.325, FLORIDA STATURS

SIGNATURE

DATE:

Registered Agent Filing Fee: \$ 20.00

FILED
00 AUG - 1 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA