

00 OCT -9 AM 10: 07

SLUKETARY OF STATE TALLAHASSEE, FLORIDA

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

P. O. Box 6327 Tallahassee, FL 323	14			
SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCL	TPOIDTION UDE'SUFFIX)	
_ :			2 0000341 8922 -10/09/00-01063-00 ******78.75 ******78	
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: SAMUELD. MOLINA Name (Printed or typed) S618 Kingsmill CT. Address				
	LAKEWOF City,	Th FL.33 State & Zip	463	
amos Molice	S61432- GAVE Daytime T	elephone number	-	
COURT SHOULD	-Article II			
10 H 10	NOTE: Please provide the or	riginal and one copy of	f the articles.	

W 24453

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	ity corporation
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5618 King	smillet. Th, FL. 33463
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 pro	•
ARTICLE IV SHARES The number of shares of stock is: \OOO SHARES AT	\$1.00 PAR NAWE
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): President - Samo ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Samo S618 K	CIRL ARY OF SIJAA
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 5618 Fingson	.molina
**************************************	**************************************
Signature/Registered Agent	10-6-00. Date
Sulolie L	10-6-00.

Date

Signature/Incorporator