## TRANSMITTAL LETTER 200000997735

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

>	FILED
	UD 0CT 20 ***
	TALLAHASSEE, FLORIDA
	10/20/0001089009

SUBJECT:

Total Pes	ourant	Solution	ns Irc
(PROPOSED CORPOR	ATE NAME - MUST IN	CLUPE SUEED NO A	BH975 7
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Enclosed is an original and one(1) copy of the ar	ticles of incorporation and a	check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	ADDITIONAL COPY REQUIRED	

FROM: Printed or typed)

Haco NE La Ade

Address

City, State & Zip

Daytime Telephone number

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

## . In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I *NAME* The name of the corporation shall be: 30/whom = PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Any and all lawful business. ARTICLE IV SHARES The number of shares of stock is: V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): The name and Florida street address of the registered agent is: **INCORPORATOR** The name and address of the Incorporator is: Yolanda Navarro 14200 NE 16 Ave. 14200 NE 16 Ave. N. Miami, FL 33161 N. Miami. FL 33161 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Date Signature/Registered Agen

Date

ARTICLES OF INCORPORATION

Signature/Incorporator