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

700003443497---0 -10/30/00--01090--013 *****78.75 *****78.75

SUBJECT:	(Proposed corporate name - must include suffix)
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Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a c	heck for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	S87.50 Filing Fee Copy Certified Copy & Certificate of Status Y REQUIRED	
FROM:	FS/ESA Name (Pri	inted or typed)	ZAZ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*ಬ್ರಾಪ್
	F.O. B.	5X 75		- ,
•	PA/Z/Z/ City, S	tate & Zip	34219	
	S/3— Daytime Tel	ephone number		-

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

6×10/31

TICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be:
E- POMERO HANGSING CO., INC.
TAL OC
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
P.O. 130× 121 9 88 8 7
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 Harly
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
THED SEITTEN BRANDA, TL. 325/1
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Esperara nomero
P-O-BOX 721 parrish, FL. 34219
parash, FL. 34219
1 Effa (10-15-00)
Signature/Incorporator Date

(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 agent

Signature/Registered Agent

Pata

Date