

TRANSMITTAL LETTER

PO10000003222

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

EFFECTIVE DATE  
01/01/01

500003525545--9  
-01/05/01--01080--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: AGENCIA, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee  
☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy  
☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status  
ADDITIONAL COPY REQUIRED

FROM: WILMA KELMAN  
Name (Printed or typed)

11084 SACCO DRIVE  
Address

BOCA RATON, FL 33488  
City, State & Zip

561-479-4701  
Daytime Telephone number

FILED  
01 JAN -5 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Feb 1/9

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

AGENCIA, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11084 Sacco Drive  
Boca Raton, FL 33428

## ARTICLE III EFFECTIVE DATE

This corporation is created as of

EFFECTIVE DATE  
01/01/01

January 1, 2001 and  
shall have perpetual existence.

## ARTICLE IV SHARES

The number of shares of stock authorized to be issued at any one time is:

10,000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Wilma Kelman  
11084 Sacco Drive  
Boca Raton, FL 33428

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Wilma Kelman  
11084 Sacco Drive  
Boca Raton, FL 33428


## ARTICLE VII INCORPORATOR

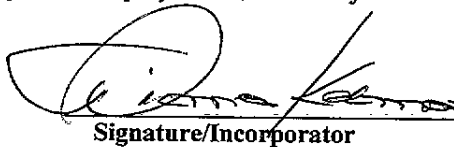
The name and address of the Incorporator is:

Wilma Kelman  
11084 Sacco Drive  
Boca Raton, FL 33428

\*\*\*\*\*

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.

 01/01/01  
Signature/Registered Agent Date

 01/01/01  
Signature/Incorporator Date

FILED  
01 JAN -5 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA