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TRANSMITTAL LETTER

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

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SUBJECT:	L. D. F., INC.	:
	(Proposed corporate name - must include suffix)	
Enclosed is an and a check fo	original and one (1) copy of the articles of incorporation	
\$70.00 Filing Fee	\$78.75 \$78.75 \$87.50 Filing Fee & Certified Copy of Status \$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status	
	FROM: MARK J. AMARAL Name (Printed or Typed)	-
	122 OCEAN SPRAY AVENUE	. :-
	Address AHASSETARY OF THE SATELLITE BEACH, FL 32937, ST.	•
	City, State & Zip	
	<u> 321 - 779-4692</u>	
	Daytime Telephone number	

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

3/5

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

L. D. F., INC.

MAR 12 AM 8: 1
ECRETARY OF STATE
IT ANASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

122 OCEAN SPRAY AVENUE SATELLITE BEACH, FLORIDA 32937

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at one time is:

100,000 SHARES (COMMON VOTING)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: MARK J. AMARAL 122 OCEAN SPRAY AVENUE SATELLITE BEACH, FLORIDA 329367

Filing Fee: \$ 70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARK J. AMARAL 122 OCEAN SPRAY AVENUE SATELLITE BEACH, FLORIDA 32937

The undersigned i Incorporation this	incorporator(s) has(h	tave) executed the day of	hese Articles of larely, 20	001.	
4	Man Signature				
	Signature		-		-
	Signature		-		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 co	poration is: L. D. F., INC. (must include suffix)		_	
2. The name and addi	ress of the registered agent and office is:	SECR TALLA	01	
•	MARK J. AMARAL (Name)	ETARY OF ST AHASSEE, FL	MAR 12 AM	FILED
	122 OCEAN AVENUE (P.O. Box or Mail Drop Box NOT Acceptable)	Adlau Vallau	<u>ල</u>	
	SATELLITE BEACH, FLORIDA 32937 (City/State/Zip)	<u> </u>		

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.

<u>Mafflund</u> 3/05/0/ (Signature) (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314