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

FILED 01 MAY 21 PM 3: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: LORRAINE POWENS, P.A.  (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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: WHAT LAKES FL 33614  FROM: WHAT LAKES FL 33614  City, State & Zip					
780 - 639 - 6928  Daytime Telephone number					

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

ARTICEES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	511 -
ADTICLE I NAME	FILED
ARTICLE I NAME The name of the corporation shall be:	Y PAP 2,
<del>-</del>	OI MAY 21 PM 3: 06
LORRAINE POWELLS, P.A.	ALLAHASSE OF STATE
ADTICLE II DDINCIDAL OFFICE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	·
6910 MAIN STREET #247	
MIAMI LAKES, FL 33014	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
to provide legal survices	
ARTICLE IV SHARES	
The number of shares of stock is: 7500	
ARTICLE V INITIAL OFFICERS DIRECTORS (opti	onal)
The name(s) and address(es):	DNINAS
WERAINE POWERS	-nith Rixero
6910 MAIN STREET #247	FAIT A CORPUNAL ALLE
MIAMI LALLES IFL 33014	907HBARINGO 11 51 33/34
mining cours it soots	onal) FAITH R. XENOS 907AICARINGO AVE 00RAL CABLES, FL 33/34
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	
LOKERINE CPOWERS	
6910 MAIN STREET #247	
MIGMI LAKES, FL 33014	
ARTICLE VII INCORPORATOR	en e
The <u>name and address</u> of the Incorporator is:	
LORRAINE POWERS	
6910 MAIN STREET #247 MIAMI LAUES, FL 33014	
MIAM! LAUES, FL 33014 ************************************	
Having been named as registered agent to accept service of process for the al	
certificate/ I am familiar with and accept the appointment as registered agent	and agree to act in this capacity
Violini X	rla l
The state of the s	5 8 61 Date
Signature/Registered Agent //	Date
X (100 15 1 )	5/8/01
Sum /	Data
Signature/Incorporator	Date