POLOCO5881

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

SUBJECT:	MIDWAY 1.	RRIGATION	INP	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	_
		A STATE OF THE STA	3000043	981734 101016021
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :*****70.	.00 *****70.00
\$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 CO	PY REQUIRED	
FROM:		rinted or typed)		
	4430 Nu	207 Dn. Address	ALL	
	MIAM, City,	FZ 33055-		
	786 - 51 Daytime To	/2 - 5/88 elephone number	ROL	

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

7 4 13/01

•	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	2031 JUN 1 1 PH 12: 4:9
The name of the corporation shall be:	SELLANASSEE FLORIDA
MIDWAY PRRIGATION INC	FALL ANASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
4430 NW 207 DR. Miani, PL 33055 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
SERVICE & INSTALLATION OF WAGE	R SPSTEMS
ARTICLE IV SHARES The number of shares of stock is:	
10,000 SHARES IRC SET	r 1244 spock
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	•
ALI GONZALEZ PD	
4430 NW 207 DR	
Miami & 33055	
ARTICLE VI REGISTERED AGENT	• ••
The name and Florida street address of the registered agent is:	
ALL GONZALEZ	_
4430 NW 207 DR MIAMI	FZ 33055
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
ALI GONZACEZ	4 33055
4430 NW 207 DR MIAMI F	2 20033

Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to	
	00 - 1
Signature/Registered Agent	<u>5-23-0/</u> Date
~- Summer 1 10010100 1 15011/	2044

Signature/Incorporator