TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 **SUBJECT:** (PROPOSED CORPORATE NAME - MUST INCLUDE 8000 013****87.50 ****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **⊠Í** \$87.50 \$70.00 **\$78.75** \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Nino Jr Jose FROM: Name (Printed or typed) 12973 Box 342 SW 112 St Address 33186 ami State & Zit 305-992-6210 Daytime Telephone number NU BINUL ł دي NOTE: Please provide the original and one copy of the articles. $\overset{\frown}{\otimes}$

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent /

Signature/Incorporator

Date