POLOGICAL CETTER 64156

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

Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED QT BY FHOME TO LOLARDE UNDER NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INC In compliance with Chapt	CORPORATION ter 607 and/or Chapter 621, F.S. (Profit) 0	FILED I JUN 25 AM 9	÷ 28
The name of the corporation		Corp.	EGRETARY OF S LLAHASSEE, FL	TATE ORIDA
The principal place of bus	ICIPAL OFFICE iness/mailing address is: SUO 10 Herr.	riami, Fl.	33134.	
	POSE e corporation is organized is:			:
ARTICLE IV SHA The number of shares of st		. <u></u> 	,	
The name(s) and address(AL OFFICERS/DIRECTORS (optiles): 551 Mendoza 140 500 10 Herr anti, Cl. 33134.		- ·.	
	CGISTERED AGENT reet address of the registered agent is:	y -		
ARTICLE VII INCO	SSIT MENCOLO SU 10 TET 1AMI, FL 33184 ORPORATOR the Incorporator is:			
**************	SSIT Mendoza 040 SW 10 Ters ami, 71 33186	**************************************		· · · · · · · · · · · · · · · · · · ·
Having been named as registers certificate, I am familiar with an	ed agent to accept service of process for the about a accept the appointment as registered agent a	we stated corporation at nd agree to act in this cap	the place designated in pacity	n this