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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

(Requester's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #1

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	NATIONAL	P.JNC	
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	. Limited Liability	Change of Registered Agent	
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	Other	Merger	OF -

OTHER FILNGS
Annual Report
Fictitious Name
 Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
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Other

Examiner's Initials 5/7/

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

NATIONAL P INC

ARTICLE II - PRINCIPAL OFFICE

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

1610 SW 29 TERRACE SUITE # 1 FORTLAUDERDALE, FL, 33312

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WALTER ERNESTO HERRERA
1610 SW 29 TERRACE SUITE # 1
FORTLAUDERDALE, FL, 33312

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

WALTER ERNESTO HERRERA
1610 SW 29 TERRACE SUITE # 1
FORTLAUDERDALE, FL, 33312

The undersigned incorporator has executed these Articles of Incorporation this _9 day of _6 ______ 20_01_

Signature

ARTICLE VI- DIRECTOR(S)

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

WALTER ERNESTO HERRERA 1610 SW 29 TERRACE SUITE # 1 FORTLAUDERDALE, FL, 33312

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature