

P01000093247

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

01 SEP 24 PM 3:06

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

THE ISLAND GOFER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION
THE ISLAND GOFER, INC.**

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:

THE ISLAND GOFER, INC.

ARTICLE II PRINCIPAL OFFICE

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

317 SE 2ND STREET # (1) HALLANDALE, FL. 33009

ARTICLE III SHARES

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

500 SHARES

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually

ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

LINCOLN A. URDA **317 SE.2ND STREET HALLANDALE, FL. 33009**

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ARTICLE VI OFFICERS DIRECTORS

The name(s) And Street Address(es) of the initial officer(s) and director(s), if any, who shall hold the office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

NAME	ADDRESS	TITLE
LINCOLN A. URDA.	317 SE. 2 ND STREET, HALLANDALE FL. 33009	Pres./Treas.
VIVIANA GONZALEZ.	317 SE 2 ND STREET HALLANDALE, FL 33009	Vice/Sec.


Signature/Incorporator.

Sept.24, 2001
Date

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TALLAHASSEE, FLORIDA
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CERTIFICATE OF DESIGNATION REGISTERED AGENT

Having been named as a registered agent and to accept services of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


Signature/Registered Agent

Lincoln A. Urda
Print Name

09/24/01
Date

Prepared By: Mario Contreras 655 N. Mashta Dr. Key Biscayne FL 33149

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