TRANSMITTAL METTER ()

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

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SUBJECT:	Proposed corpo	MILY CORP rate name - must include suf	ffix)
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status		□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM	: HAROLD BEN	JJAMIN rinted or typed)	OI N SECRE TALLAH
	6249 PINES	BOULEVARD Address	FILED 01 NOV 19 PM 3: 27 SECRETARY OF STATE ALLAHASSEE, FLORIDA
	PEMBROKE PINES City,	FLORIDA 3	SJAJE 10816A
	954 - 981 - Daytime T	/040 elephone number	

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



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PAGE 2/2

ARTICLES OF INCORPORATION

The indersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I *NAME*

The tame of the corporation shall be:

PROGRESS FAMILY

ARECLE II PRINCIPAL OFFICE

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

1113 MERIOIAN AUENUE #10 MIAMI BEACH, PL 33/39

ART CLE III SHARES

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

100 SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RAFAEL DUGUE 1113 MERIDAN AUE

INCORPORATOR ARTICLE V

The nime and address of the incorporator to these Articles of Incorporation are:

RAPAGE DUQUE 1113 MERIDAN AVE # 10 MIAMI BEACH, PG 33139

Signature/Incorporator

RAFAEL DUQUE

(An additional article must be added if an effective date is requested.)

Having then named as registered agent and to accept service of process for the above stated corporation at the place designated in this cerificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the profisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

AFACE DUQUE

Date