POJOOO/946/ TRANSMITTAL LETTER

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

300004947053-----02/18/02--01031--006 *****78.75 *****78.75

SUBJECT:	C.O.F. SENIC (PROPOSED CORPORAT)	ces. Inc. e name- <u>must inclu</u>	DE SUFFIX)
Enclosed are an origi \$70.00 Filing Fee	inal and one (1) copy of the artice \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	CLAUDIA FERMINAME TRO SE Z P HIALEAN, EL City,		D2 FEB 18 AM 8: 18 SECREPACE FLORID TALLAHASSEE FLORID
	786-351-89 Daytime	3Z3 Felephone number	

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

9361

In compliance with Chapter 607 and/or Chapter 621, F	.S. (Profit)			
A TOTAL TO A BANGE			02 TAI	
ARTICLE I NAME The name of the corporation shall be:			FC 77 -	
C.O.F., Services. InC.			TEB 18	
C.O., 1, 20, 1, 20, 2, 2, 10, 1			55 0 T	1
ARTICLE II PRINCIPAL OFFICE			AM 8: 18	
The principal place of business/mailing address is:			95 -	
780 58 -2-PIACE				
Hialean, Pl. 33010		·	>	÷
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	•		a 1 1	
Insurance Services				
ARTICLE IV SHARES The number of shares of stock is:	to all and		e e	722.2.2
The name(s), address(es) and title(s): CIAUDIA FERNANDEZ - President.				
ARTICLE VI REGISTERED AGENT The name and Florida street address of the register	ed agent is:	. भाष		
	_	-bas -		
Claudia Fernandez. 780 SE 2 Place	21.00	-		
Hidean, Tr. 33010.		-		٠.
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:				
Claudia Fernandez.				=
700 66 0 QACE			.	-
1 hal and 2000.				
	******	******	******	***
**************************************	rocess for the above S	tatea corporuion	at the place acsignation	n this
Certificate, Fam January 1997			1 1 .	
Signature/Registered Agent			13 206) Date	. <u>-</u> -
Ma dia danaman		2	13/2001	
Signature/Incorporator		-=/	Date	