POROGRAMASSEE FLORIDA

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

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lachines, Inc SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REOUIRED
		ADDITIONAL CC	or i ReQuired
EDOM	. Luis Ur	ena	

FROM:	LUIS Urena
	Name (Printed or typed)
	11164 NW 46 dR.
	Address
	Coral Springs, 1-1. 33076 City, State & Zip
	(954) 816-0922
	Daytime Telephone number

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

ARTICLES OF INCORPORATION FILED
02 MAR L AM O
ARTICLE I NAME The name of the corporation shall be: SECRETION OF STATE
The name of the corporation shall be: SECRETARY OF STATE TALLAHUSSEE FLORIDA ARTICLE I NAME SECRETARY OF STATE TALLAHUSSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1164 NW 46 dR. Coral Springs, Fl. 33076
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Maintenance and repair of Industrial Machines.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Luis Urena - President Jacqueline Urena - Vice- President
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: LUIS Urena 11164 NW 46 dr. Coral 5 Prings, Fl. 33076
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
11164 NW 46 dr. Coral Springs F1. 33076 ***********************************
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent Date
Signature/Incorporator O3/12/02 Date