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Florida Department of State

Division of Corporations
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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

FLORIDA PROFIT CORPORATION OR P.A.

LENNY VIDAL, INC.

Certificate of Status	0
Certified Copy	1 .
Page Count	co1(2)
Estimated Charge	\$78.75

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SECRETARY OF STATE
ALLARIASSET FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LENNY VIDAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 26 Westward Drive Miami Springs, Pl 33166.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL STORE

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ no par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
LEONARD VIDAL (President)

26 Westward Drive

Miami Springs, F1 33166.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Leonard Vidal
26 Westward Drive
Hiami springs, F1 33166.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonard Vidal

26 westward Drive, Miami Springs, fl 33166.

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

Signature/Incorporator

Vilo ___

David 22,2002

Date

Date Date

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