# 020

### FILED

02 JUL -9 PM 2:56

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

SECRETANY OF STATE TALLAHASSEE, FLORIDA

Guilled 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

\$122.50

\$131.25

Filing Fee & Certificate Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Guilled PROPERT; 65
Name (Printed or typed)

20165 Sw 89# Ct

MiAMi FL 33189 City. State & Zip

(30) 25 9 - 8 / 0 9

Daytime Telephone number

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

#### ARTICLES OF INCORPORATION

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

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The name of the corporation shall be:

Guilled PROPERTIES INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

20165 Sw 892Ct Mironi PL 33189

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

CARLOS G4, LLON 20165 SW 89° CT 01, Aui, FC 33, 189

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLON GU, 1/EN 20,65 SW 891 CA

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this Hot day of June .\_\_\_\_, 200 2

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

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the	e corporation is:	Guillen Propert	jes Inc
2. The name and	address of the regi	stered agent and office is:	FILED
	CARLOS GUITEN (NAME)		02 JUL -9 PM 2:57
			SECRETARY UT STATE TALLAHASSEE, FLORIDA
	20/65	Sw fy dot	
	(P.O. B	ox or Mail Drop Box NOT ACCEPTABLE)	
		. 0. (	<b>^</b>
	Mia	CCITY/STATE/ZIP) 33/8	<del>)</del> :-

Having been named as registered agent and to accept service 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 obligations of my position as registered agent.

(SIGNATURE)