DODOOS4067 TRANSMITTAL LETTER



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

SUBJECT:	Solo PAR	ts INC.	*****87.50 *	****87.50
	(FROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Alvan PRAJ	A (Printed or typed)		· • • •
-	13940 SW 172	2 TERRACE		. A.
-	PIAN City,	11 - FL 3317 State & Zip	7	-
_		378-9546		

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

B8/5 V 2

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	OZAUG ED
ARTICLE I NAME	OZAUG-2 AM 9:2
The name of the corporation shall be: 50/0 PAR+5 INC.	LAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	· OA
13940 SW 172 TERRACE, MIAMI - FL 33177	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Reseller Spare Parts / SERVICE Repair for ARTICLE IV SHARES	PRINTERS &
ARTICLE IV SHARES The number of shares of stock is: /OO	Computens
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ANARO PRADA (DIRECTOR) 13940 SW 172 TERRACE, NIAMI, FL 33177	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	_
HIVARO PRADA	
13940 SW 172 Tarroce, MIAM, FL 33177 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Alvano Plasa	٠
13940 SW 172 TOMOCE, PLANI, FL 33177 **********************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
Signature/Registered Agent Date	· -
Qffinil 8/1/02	<u>2</u>
Signature/Incorporator Date	