DODOOO90304 TRANSMITTAL LETTER

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

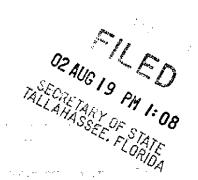
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SUBJECT:	Buckle	oposed corporate name - must include suffix)
	(Fi	Obozea corficient amount

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	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate			
ADDITIONAL COPY REQUIRE						
FROM: Act Name (Printed or typed)						
3	300 Coral	SOCIOCS I	<u> </u>			
Cocal Springs FL 330C5						
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NOTE: Please provide the original and one copy of the articles.

QB-8/20 V



ARTICLES OF INCORPORATION

NAME

ARTICLE I

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be:
Buckle up, INC,
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: R39 North Dixie Hwy. Pompano Reach FL 33
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 Shares
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Keth Kleber
3670 Coral springs Dr. Coral springs FL. 33045
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Hector Vega
3573 Wiles Rd. Apt # 303 COCONUT Creek FC 33073
H Hetor liga 8-12-02 Date
Signature/Incorporator

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

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/Registered Agent

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