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	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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02 DEC 12 AM 9: 26 SECRETARY OF STATE

Office Use Only

TRANSMITTAL LETTER

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

SUBJECT: LEM Kwick Home Delivery

	(I ROI OSED CORI ORA	TE NAME P MOST INCL	ODE SUFFIA)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d 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 PPY REQUIRED
FROM:	Luke Desic Name	(Printed or typed)	
	2461 NW 64 AV	Address	W-1
	Survise FL City	2333 , State & Zip	
	(786) 299-3245	Polonhono wymbor	

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

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: LEM Kwick Home Delivery Inc.

ARTICLE II __ PRINCIPAL OFFICE

The principal place of business/mailing address is: 2461 1400 64 Ave

Sunrise FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To become a legal corporation

ARTICLE IV SHARES

The number of shares of stock is. 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Luke Desic 2461 N.W 64 Ave Sunrise, FL 333/3

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Luke Desic

2461 NIW GU AVE Sunrise FL 33313

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

12-/16/02 Date