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PICK-UP WAIT MAIL			
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# TRANSMITTAL LETTER

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

SUBJECT: Ms.	Ada de Varona, PA		
	(PROPOSED CORPORA)	TE NAME – <u>MUSTING I</u>	UDASUERK)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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:	Ada de Varo		<u> </u>
-	Name (Printed or typed)  2960 SW 17 Street  Address		
	Miami, FL 33145 City, State & Zip		
-	(305) 774-7030/786-200-0677  Daytime Telephone number		

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:

Ada de Varona, PA.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2960 SW 17 Street, Miami, FL 33145

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales, Real Estate Agent

# 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):

Ada de Varona, President

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Ada de Varona 2960 SW 17 Street Miami, Fl 33145

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ada de Varona 2960 SW 17 Street Miami, Fl 33145

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

Ada de Varora

Date

1/6/03

Signature/Incorporator

Date