P03000019886

	(Requestor's Name)
1	(Address)
	(Address)
	(City/State/Zip/Phone #)
FICK-OF	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A 1:
	1/1/4
	Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	LSIAND BO (PROPOSED CORPORA)	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Kimberly SA	ADDITIONAL CO	DPY REQUIRED
	223 Treasure	Marso Dr	
	I Stramorcola City,	TC 3302 State & Zip	\
	305-852-	elephone number	

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

In compliance with Chapter 607 and/or Chap	
ARTICLE I NAME	
The name of the corporation shall be:	Esland Bounce, Ine
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing addre	ss is:
ARTICLE III PURPOSE The purpose for which the corporation is org	574 Beach RD TAvernier, FL 33570
ARTICLE IV SHARES The number of shares of stock is:	03 FEB I SECRETAL TALLAHAS
ARTICLE V INITIAL OFFICERS/I	DIRECTORS (optional)
The name(s), address(es) and title(s):	FLC # IT
Mercedes Guevara	
Kimberly Sarchez	
ARTICLE VI REGISTERED AG	ENT
The name and Florida street address of the	
	Kimberly Sanchez 223 Treasbre HARRY Dr
ARTICLE VII INCORPORATOR	Islamoada FL 33036
The name and address of the Incorporator is	•
	Kimberty Sanchez 223 Treasure Harray Dr
	223 Treasure Harray Dr
*********	++++++++++++++++++++++++++++++++++++++
	vice of process for the above stated corporation at the place designated in this ment as registered agent and agree to act in this capacity
The Water Son h	2/12/03
Signature/Registered Agent	Date
	, ,

Signature/incorporator