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03 FEB 21 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



500010048575

01/16/03--01021--006 **78.75

(Requestor's Name)

RAMON REYES P.A.
ACCOUNTING OFFICE
8035 PALM AVE.
HIALEAH FL 33012

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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

LU
SUBJECT: MARTIN-EZ ENTERPRISES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: RAMON REYES
Name (Printed or typed)
5035 PALM AVE.
Address
HALEAH, FL 33012
City, State & Zip
(305) 822-0669
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

RECEIVED

03 FEB 21 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2003

RAMON REYES
5035 PALM AVE
HIALEAH, FL 33012

SUBJECT: MARTIN - EZ ENTERPRISES, INC.
Ref. Number: W03000002102

We have received your document for MARTIN - EZ ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

NAME CONFLICT WITH P00000102929, MARTINEZ ENTERPRISES, INC..

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 803A00004242

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LU MAR BLANC ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5755 WEST FLAGLER ST. STE.105 MIAMI, FL. 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:


TERESA MARTINEZ 11410 S.W. 43 ST. MIAMI, FL.33165

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT: TERESA MARTINEZ 11410 S.W. 43 ST
MIAMI, FL. 33165

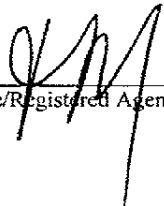
VICE-PRESIDENT/ LUIS R. MARTINEZ 14997 S.W. 32 LN.
SECRETARY: MIAMI, FL. 33185


Signature/Incorporator


Date

(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


Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA