P03000046771

(Re	equestor's Name)			
(Address)				
(Ac	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		}		
				

Office Use Only



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FILED

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SECRETALY OF STATE

W-11294

An 4/28

TRANSMITTAL LETTER

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

SUBJECT:A	INSA CORPORATION		
, 	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUTTX)
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fec		S78.75 Filing Fce & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: _	YVELISSE GARCIA	(Printed or typed)	
	19319 SW 64TH STREE		<u> </u>
	PEMBROKE PINES, FLO	ORIDA, 33332 , State & Zip	<u></u>
	954-205-8199	Telephone number	 - -

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 21, 2003

YVELISSE GARCIA 19319 SW 64TH STREET PEMBROKE PINES, FL 33332

EUBJECT: ANSA CORPORATION Ref. Number: W03000011296

We have received your document for ANSA CORPORATION 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

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) 245-6931.

Becky McKnight Document Specialist New Filings Section

Letter Number: 903A00024016

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AVEKA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19319 SW 64TH STREET PEMBROKE PINES, FL. 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

, 00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

03 APR 28 PN 12: 1
SECRET: AY OF STATE
TALLAND SEE, FLORID

ARTICLE VI REGISTERED AGENT

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

YVELISSE GARCIA 19319 SW 64TH STREET PEMBROKE PINES, FL. 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YVELISSE GARCIA 19319 SW 64TH STREET PEMBROKE PINES, FL. 33332

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 wife and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incomprator

4-23-03

Date

4-23-03

Pote