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TRANSMITTAL LETTER

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

	•			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	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 PY REQUIRED	
FROM: JAMES RYAN Name (Printed or typed)				
6521 SW 10 Street				
POMPANO BLACK FZ 33068 City, State & Zip				
	9-4 486	~ 0.75 A		

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

Daytime Telephone number

ARTICLE II PRINCIPAL OFFICE	7× 0:
The principal place of business/mailing address is:	LCR AT
5310 N. State Road 7	
Ft Lauderdale F2 333,9	03 APR 25 AMII: 08 SECRETARY OF STATL TALLAHASSEE FLORIDA
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
FOR PROFIT	10A 11C 18
ARTICLE IV SHARES	
The number of shares of stock is:	
) 0 0	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
JAMES IN RY9n	
GERI SUI ID STREET	
JAMES W RY9N 6721 SW 10 STreet ARTICLE VII INCORPORATOR 33068	
The name and address of the Incorporator is:	
tames w Ryan	
Gral Sw 10 Street	
TAMPS W RY 97 6721 IW 10 STrPL POMPAND OPPHER 3 3068	
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act	oration at the place designated in this
	4-21-03
Simon Resistant A cont	
arklightie veriptered Warit	Date
X On and Property	4-21-03
Signature/Incorporator	Date

ARTICLES OF INCORPORATION

ARTICLE I NAME

multiple

The name of the corporation shall be:

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

Connections, INC.