P03000060642

x		
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nan	ne)
О	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		·
		į

Office Use Only



600019178006

05/27/03--01023--002 **70.00

03 MAY 27 PN 2: 37 JEORETARY OF STATE TALL MASSEE, FLORE



LIMERS, INC 4920 NW 92 AVENUE, SUNRISE, FL 33351 954-572-6142

May 23, 2003

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

SUBJECT:

INCORPORATION OF

LIMERS, INC.

Dear Secretary of State:

Enclosed find one original and a copy of the Articles of Corporation of LIMERS, INC. and a check for:

_X__ \$70.00 Filing Fee __ \$78.75 Filing Fee __ \$122.50 Filing Fee _ \$131.25 Filing Fee,

8. C

& Certificate

& Certificate Copy

Certificate Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: VINCE MARAJ
Name (Printed or typed)

4920 NW 92 AVENUE Address

SUNRISE, FL 33351 City, State & Zip

954-572-6142 Daytime Telephone Number

ARTICLES OF INCORPORATION

OF

LIMERS, INC.

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: LIMERS, INC	
ARTICLE II - PRINCIPAL OFFICE The principal place of business and mailing address of 4920 NW 92 AVENUE, SUNRISE, FL 33351	of this corporation shall be:
ARTICLE III - SHARES The number of shares of stock that this corporation is one hundred (100) of no par value.	s authorized to have outstanding at any one time is:
ARTICLE IV - INITIAL REGISTERED AC	SENT AND STREET ADDRESS
The name and Florida street address of the initial regi AVENUE, SUNRISE, FL 33351	istered agent are: VINCE MARAJ at 4920 NW 92
ARTICLE V - INCORPORATOR	-
The name and address of the incorporator of these AVINCE MARAJ at 4920 NW 92 AVENUE, SUNR	
ARTICLE VI - DIRECTORS The corporation shall have two (2) directors, and the VINCE MARAJ at 4920 NW 92 AVENUE, SUNRISTEVE SHAND at 7840 NW 50 STREET, LAUDI	ISE, FL 33351 and
Signature/Incorporator	5/23/03
Having been named as registered agent and to accept service of p in this certificate. I hereby accept the appointment as registered ag with the provisions of all statutes relating to the proper and complet the obligations of my position as registered agent.	ent and agree to act in this capacity. I further agree to comply
Signature/Registered Agent	5/23/03 Date
Signature/Registered Algent	Date