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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
	cument Number)	
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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

SUBJECT: MONIQUE CV (PROPOSED CORPORA	VAVOUL MO TENAME-MUST INCL	UTAY, INC.
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	i a check for:
\$70.00 \$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: MONIQUE C	(Printed or typed)	4
81 NE 18	3 TERRA	ace
	Address	
	ORIDA 3 State & Zip	3179
305 T	25 8835 elephone number	

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

- ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:  MONIQUE CHAVOU MURRAY, Inc.,
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  81 NE 183 TER, MIAMI T-L 33179
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Any and all lawford business  \$\frac{2}{2} \frac{2}{2}
ARTICLE IV SHARES The number of shares of stock is:
List name(s), address(es) and specific title(s):
monique Chavou Murray - President
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  MONIQUE Chavuu Murray  81 NE 183 TERROLE  MIAMI EE 33179
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  MUNIQUE Charba MUNYAY  81 NE 183 TERRACE  MIRMI PL 33179
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 with and accept the appointment as registered agent and agree to act in this capacity
Mougue Chavou Murray 7/24/03 Signature/Registered Agent  On A Date
Signature/Incorporator  Date