## P03000108523

(Requestor's Name)				
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PICK-UP	WAIT MAII	-		
(Business Entity Name)				
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Certified Copies Certificates of Status				
C1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	04:			
Special Instructions to Filing	Officer;			

Office Use Only



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F. CHERREN OCT 2

## TRANSMITTAL LETTER

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

Enclosed are an orig	ginal 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	~ ]	ADDITIONAL CO	PY REQUIRED
FROM:	Jorge Luis	Printed or typed)	)
	10949 S.W	. 300 St.	reet
<u> </u>	Wialli . Pr	ddress 33174 State & Zip	
	(305) 2	19-4343	)

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: Perdono Pricking, Corp The principal place of business/mailing address is: **PURPOSE** The purpose for which the corporation is organized is: awfulh Rusiness ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): The name and Florida street address of the registered agent is: INCORPORATOR The name and address of the Incorporator is: Having been named as registered agentic accept service of process for the above stated corporation at the place designated in this certificate, I appliamiliar with and accept the appointment as registered agent and agree to act in this capacity ignature/Registe

Signature/Incorporator