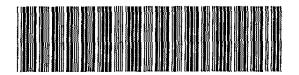
## P03000115056

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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D. WHITE OCT 1 6 2003				

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SECRETARY ( SIAN

## TRANSMITTAL LETTER

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

SUBJECT:

	(Proposed corp	oorate name - must include suf	fix)
Enclosed is an orig	ginal and one(1) copy of the artic	les of incorporation and a c	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM	1: Lisa S	Dar bro (Printed or typed)	
	<u>510 N.W.</u>	Address Address	e#200
	F. Lauder	y, State & Zip	33300
		C BUN	

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:	FILED  03 OCT 13 PM 2:57  SECRETARY OF STATE TALLAHASSEE FLORIDA
The principal place of business/mailing address is:  1851 5.00.186+10 000  DOVIC, FIOVICO 33335  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	THE SEL PLUKINA
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	
ARTICLE VI REGISTERED AGENT  The name and Florida street address registered agent is:  RUDON A DOMPOCIO  18SI S.W. B644 QVC  DOVIC, FI. 33335  ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:  RUDEN Albarracin Andres Ariel  1881 S.W. B646 Ave  Davie, Fl. 38325	Lupiano
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	corporation at the place designated in this act in this capacity
Signature/Registered Agent	<u>8-1-03</u> Date

gnature/Incorporator