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Florida Department of State  
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To: Division of Corporations  
 Fax Number : (850) 205-0381

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
 Account Number : I20000000257  
 Phone : (850) 224-8870  
 Fax Number : (850) 224-7047

**FAXED**

**FLORIDA PROFIT CORPORATION OR P.A.**

**L. FARINA INC.**

03 DEC 16 AM 9:40  
SECTION OF CORPORATIONS  
1111 E. STATE

Certificate of Status	0
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

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

03 DEC 16 AM 9:40

**ARTICLE I NAME**

The name of the corporation shall be:

*L. FARINA INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*L. FARINA INC.  
47944 HARBOR DR.  
NEW BALTIMORE MI 48047*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Rental & Real*

**ARTICLE IV SHARES**

The number of shares of stock is: *10,000 Shares*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*LEONARD FARINA  
47944 HARBOR DR.  
NEW BALTIMORE, MI. 48047*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

*Capital Connection, Inc.  
417 #. Virginia St., Ste. 1  
Tallahassee, FL 32301*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Leonard Farina  
47944 Harbor Dr., New Baltimore, MI 48047*

\*\*\*\*\*  
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.

*Debra White*  
\_\_\_\_\_  
Signature/Registered Agent

*12/8/03*  
\_\_\_\_\_  
Date

*Leonard Farina*  
\_\_\_\_\_  
Signature/Incorporator

*12/9/03*  
\_\_\_\_\_  
Date

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