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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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Charter Number Only

Requestor Name
Address
City State ZIP Phone

CORPORATION(S) NAME

Availability Document

Examiner Updater

Verifier

Acknowledgment

W.P. Varifier

| Profit | | | |
|--------------------------------|--------------------|-------------------------------|--------------------------------|
| NonProfit | (|) Amendment | () Marger |
|) Foreign | (|) Dissolution | () Mark |
|) Limited Partnership | (|) Annual Report | () Other |
|) Reinstatement | (|) Reservation | () Change of Registered Agent |
| Certified Copy | (|) Photo Copies | () Certificate Under Seal |
|) Call When Ready) Walk In | (() Will Walt |) Call If Problem () Pick Up | () After 4:30 () Mail Out |

CERTIFIED COPY

ALIDATION

0 N L Y

Minpire Toll Free: 1-800-432-3028

FILED.

ARTICLES OF INCORPORATION 04 JAN 16 PM 12: 56

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LECOMPTE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

ZOIZ ADAMS STREET HOLLYWOOD FL. 33020

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES AT \$1.00 PARVALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

SERGE LECOMPTE ZOI3 ADAMS STREET HOLLYWOOD FL. 33020

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SERGE LECOMPTE, DIRECTOR/PRES.

ZOIZ ADAMS STREET

HOLLY WOOD FL. 33020

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

| #15 day of JAN | UKNY ,2004. |
|----------------|------------------|
| Als to | Julian Signature |
| 000 | Signature |
| | Signature |
| | Signature |

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE JAN 16 PM 12: 56

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: | LECOMPTE | SERVICES | 1NC. |
|------------------------------------|----------|----------|------|
| | | | |

2. The name and address of the registered agent and office is:

SERGE LECOMPTE
(NAME)

2013 ADAM'S STREET
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

HOLLY WOOD FL. 33020
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Juste Justin Date (SHONATURE)