P04000029621

(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:
-

Office Use Only



700028143287

02/06/04--01066--001 **78.75

SECRETARY OF STATE

T. Lewis 9/14/04

TRANSMITTAL LETTER

Department of State Division of Corporations P. 0. Box 6327 Tallahassee, Fl 32314

SUBJECT: __CUZCATLECO INC

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

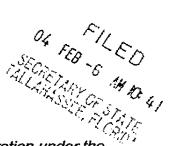
\$73.00 Filing Fee or \$78.75 Filing Fee & Certificate

FROM: Nelson. Medina
Name (Printed or typed)
Address 4280 NW 114 Ave
City, State & Zip_Sunrise, Fl. 33323

Daytime Telephone number 954 260 7107

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

ARTICLES OF INCORPORATION



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: CUZCATLECO INC

ARTICLE II PRINCIPAL OFFICE

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

Nelson Medina 4280 NW 114 Ave Sunrise, Fl. 33323

ARTICLIE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson Medina 4280 NW 114 Ave Sunrise, Fl. 33323

ARTICLE V INCORPORATOR(S)

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

Nelson Medina 4280 NW 114 Ave Sunrise, Fl. 33323

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

Daytime Telephone number 954 742 8380

02/02/04

Signature
Signature
Signature
Signature

Articles of Incorporation

Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 609.0501 or 617.0501, 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: __CUZCATLECO INC
- 2. The name and address of the registered agent and office is:

Nelson Medina 4280 NW 114 Ave Sunrise, Fl. 33323

P.O. Box not acceptable)

Having been named as registered agent and accept service of process for the above stated corporation at the place designated in this cetificate, 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.

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FI