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TRANSMITTAL LETTER

ORIGINAL

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

SUBJECT:	H.D.M. K		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	□ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
FROM:	Armando P	OVIZ	
		_	
	930 18 Stree	Address	
		radioss	
	Naples, FC City	34/17	
	City	, State & Zip	
	(239) 825	2603	
	Daytime	Telephone number	

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:

A.D.M. Buiz, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

930 18 Street S.E. Naples, FL 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carpentry

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Armando Ruiz, President, Treasurer Diana Ruiz, Vice President, Secretarry

ARTICLE VI	REGISTERED	AGENT

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

Armando Ruiz 930 18 Street S.E. Naples, Fl 34117 ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Armando Roiz 930 18 Street S.E Naples, Fl 34117

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

Cranado Ruiz
Signature/Registered Agent

Date

211/04