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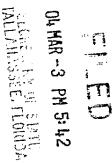
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

he prographics Frc, (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Carlos 13. Va	(Printed or typed)	
	3000 Com	Address Unit	CU-1
	Miami, FL city,	331HS State & Zip	
	305 - 466 - C	elephone number	

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

K	

ARTICLES OF INCORPORATION

In	compliance	with Cha	pter 607	and/or (Chapter	621.	F.S. ((Profit
			1					

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ARTI	CLE	I	NAME

The name of the corporation shall be:

heprographics

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3000 Coral way Unit CU-1 Miami, FL 33145.

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:



Hew Business

ARTICLE IV SHARES

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECT

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

Carlos A. Valles Tr 3000 Coral way Unit Cu-Miami, FL

REGISTERED AGENT

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

3000 Coral way Unit CU-A Carlos A. Valdes

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

cros A. Valdes Unit. Coral way

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

Signature/Registered Agent

Signature/Incorporator