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LAZARUS CORPORATE FILIN	NG SERVICE		,
3320 S.W. 87 AVENUE	<u></u>		
MIAMI, FLORIDA (305)552-5973			
		OFFICE USE ONLY	
CORPORATION NAME(s) & DO	OCUMENT NUMI	BER(S) (if known):	٠, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١,
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2.			ASSE TO
(Corporation Name)		(Document #)	Mar E
Gorporation Name)		(Document #)	- 51 RATE 51
4. (Corporation Name)		(Document #)	<u> </u>
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Annual Report	Foreign		
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	Trademark		

Other

Examiner's Initials

### ARTICLES OF INCORPORATION

The undersigned Incoporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articled of Incoporation.

# ARTICLE I - NAME

The name of the corporation shall be:

ENHANCED TRANSITIONS, INC.



## ARTICLE II - PRINCIPAL OFFICE

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

# ARTICLE III- SHARES

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

100 shares 1.00 value

## ARTICLES IV -- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EUELYN GUERRA 12308 5.W. 123 PASSAGE MIGHT, FC 33186

## ARTICLE V- INCOPORATOR

The name and street address of the incorporator to these Article of incorporation is:
EUELYN GUERRA GUSTAUD J. GUTIERTEZ
12308 SW 123 PASSAGE
MIAMI, FL 33186
The undersigned incorporator has executed these Articles of Incorporation this
day of20
Eller Gueco

### ARTICLE VI- DIRECTOR (S)

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

645TAUD J. GUTTER.

Gustavo J. Gutierrez, Pres. Evelyn Guerra, V.P & Treasurer 12308 SW 123 PASSAGE Miami, FC 33186

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE
SECRETARY OF STATE