(Re	questor's Name))		
(Ad	dress)			
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(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
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TRANSMITTAL LETTER

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

SUBJECT:	Repecce CORPORATE	E NAME - MUST INCL	UDE SUFFIA	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: DANIEL RESECA Name (Printed or typed)				
1031 SAL hambra Cir				
	Naples FL	3410 State & Zip	3	
	239 6010	698 elephone number	Mark worlds	

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

. . .



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 4, 2004

DANIEL REBECA 1031 SALHAMBRA CIR NAPLES, FL 34103

SUBJECT: DANIEL INCORPORATED INC

Ref. Number: W04000004906

We have received your document for DANIEL INCORPORATED INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please give the complete name for the incorporator.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 704A00007574

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: PRINCIPAL OFFICE The principal place of business/mailing address is: The purpose for which the corporation is organized is: Forprofit ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DANIEL RELECA PRES Marie M Bonizaire Secy, TREASURER REGISTERED AGENT The name and Florida street address of the registered agent is: aniel REBECA 1031 SAL hombro. cir Noples FL 34103 INCORPORATOR The name and address of the Incorporator is: 1031 SAlhambracis -L 34103

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 Date

PEGECA incorporator

Signature/Incorporator

Date

Date