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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	TIAW [MAIL
(Bı	isiness Entity Nai	me)
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LET

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

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

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

\$87.50

Filing Fee, & Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

Hoffmeier Accounting 5101 NW 21st Ave. Suite 200

Ft Lauderdale, FL 33309 City, State & Zip

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

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1145 OVStCruotool Street Hollywood Fl 33019		•	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: RECOURTED TO THE PURPOSE THE PU	• • • •	,	
ARTICLE IV SHARES The number of shares of stock is:			·
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):			•
ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent is: Bram L. Sconick Holywood Fl. 330/CI ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Bram L. Sconick IIUS Oysterwood Street			SECULATION OF PHIS 35
Having been named as registered agent to accept service of process for the above stated of certificate. I am familiar with and accept the appointment as registered agent and agree to a Signature/Registered Agent. Signature/Incorporator	********* corporation at the act in this capace Date Date Date	****** the place descrity	******* ignated in this
•			

ARTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Bram L. Scolnict P.A,

ARTICLE I NAME
The name of the corporation shall be: