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(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	TIAW [MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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SECRETARY OF STATE
TALLAHASSES AND 8: 50

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TRANSMITTAL LETTER

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

SUBJECT:	LOUIS	Bernardo	Lnc.
	(PROPOSED CORPORA	TÉ NAME – <u>MUST INCLUD</u>	E SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COPY	\$87.50 Filing Fee, Certified Copy & Certificate of Status REQUIRED
FROM:		Sernardo (Printed or typed) Garden Dri Address	ive_
	Boynton Bc	h FL 334	3C_
	5G/- Daytime	789-8899 Telephone number	

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

Altiche VIII Effective Date 10/19/04

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME Louis Bernardo In. The name of the corporation shall be: 4965 Tropical Gardens Drive PRINCIPAL OFFICE The principal place of business/mailing address is: Boynton Bch FL 33436 ARTICLE III Carpenter The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Bernardo Louis 4965 Tropical Gardens Drive Boynton Bch FL 33436 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Bernard() 4965 Tropical Gardens Drive Bounton Beach FC 33436 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Bernardo LOUIS 4965 Tropical Garden Drive Prounton Ach FL 33476 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 familial with and accept the appointment as registered agent and agree to act in this capacity 10-19-54