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## TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA)	- Daco Cerp		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are 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 & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Ingrid A. B. Name ( 74035W 825T			
_	Miami, F.		· .	
-	(305) 669 Daytime To	2237 elephone number		

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME The name of the corporation shall be: AT Nouvo - Decape RP 3 3: 31  The name of the corporation shall be: AT Nouvo - Decape RP 3 3: 31
ARTICLE I NAME
The name of the corporation shall be: Arl Nouvo-Vecasins 7 3: 31
CLAHASSEE, FLORIDA
The principal place of business/mailing address is: 7403 SW 8237 204N
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Art Painling Classes
ARTICLE IV SHARES The number of shares of stock is:
1 5hare
• • •
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
Ingrid A. Backer
77035W 82 ST 204N
Miami, FL 33143 Prasidant
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Ingrid Hi BACKET
7403 SW 82nd St. 2041
Trigrid A. Backer 7403 SW 82nd St. 204N  ARTICLE VII AMENTOR PORATOR 7
The name and address of the Incorporator is:
Ingrid A. Backer 74035W 823T 204N
Milini, Fl 33 143 ************************************
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
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Signature/Incorporator Registered Agent

10/29/04 Date

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