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SECRETARY OF STATE
ALLAHASSEE, FINALE

## TRANSMITTAL LETTER

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

		(ADDITIONAL COPY REQUIRED)							
S70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate						
Enclosed is an original and two (2) copies of the articles of incorporation and a check for									
Subject	FARO ENTERPRISES, INC.								

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205,

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

## ARTICLES OF INCORPORATION OF FARO ENTERPRISES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I	NAME				-
The name of the Corp		FARO ENTERPI	RISES, INC.		Zes 2
•			•	į	景
ARTICLE II	<b>PRINCIPAL</b>	<i>L OFFICE</i>	·	<u>.</u>	
The principal place of	business and ma	iling address of t	his corporation shal	l be:	ZON NOV 22 SECRETARY
	_			<u> </u>	
3206 Barton I				-	ם א
Pompano Bea	ich, Florida 33062	2			H. L
ARTICLE III	SHARES			ŝ	<b>7</b> –
The number of shares		ion is authorized	to have outstanding		CO ime ic: 1.500 a:
\$0.01 par value per sh	-	ion is audiorized	w have outstanding	; at any one in	inc is. 1,500 a
ARTICLE IV	INITIAL DI	RECTORS			
The name(s) and addr			re:		
Jose Vitale	_ •				
3206 Barton I	<del></del>	~			
Pompano Bea	ich, Florida 3306	2			•
ARTICLE V	INITIAL RE	GISTERED .	AGENT AND S	TREET AL	DRESS
The name and Florida		· · · · · · · · · · · · · · · · · · ·		11001 110	<u> </u>
			<b>G</b>		
NRAI Service	es, Inc.				
526 East Park	: Avenue				
Tallahassee, I	Florida 32301				
		- /			
ARTICLE VI	INCORPOR				<del>-</del> - ·
The name and address	s of the incorporat	ior to these Artic	les of Incorporation	15;	
Nellie Akalp					
	a Rd., Suite 205				
	California 91301	a 1		,	
11000			. /		
1/1/1/1	a uc	sal _		4/09_	
	kalp, Incorporator		1.1	Date	
Having been named as i					
place designated in this					
capacity. I further agree					
performance of my dutie	ss, unu i am jamiya	r wun ana accept i	ne obugations of my <sub>i</sub>	position as reg	ыеген адет.
TUXXII	Wall	ASS SEL	11/11/	104	
NRAI Services	Inc., Registered	Agent		Date	