Po 50000/0142

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				
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· TRANSMITTAL LETTER

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

SUBJECT: LANCA	S SERVICES INC. (PROPOSED CORPORA		III SHREW
	(FROFOSED CORFORM	TE MANTE - MOST INCE	ODE SUTTIA)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 PPY REQUIRED
FROM: MA	RITZA L. DELGADO		· · · · · · · · · · · · · · · · · · ·
	Name	(Printed or typed)	
	P.O. BOX 01-6874		
•		Address	
!	MIAMI, FLORIDA 33101 City,	State & Zip	
	(786) 306-4155 Daytime T	elephone number	,

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

APPRUVEU AND FILED

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALE AHASSEF, FLORIDA

LANCAS SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. 01-6874, Miami, Florida 33101

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Felix O. Delgado, P.O. Box 01-6874, Miami, FL 33101 - President, Treasurer Maritza L. Delgado, P.O. Box 01-6874, Miami, FL 33101 - Vice President, Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maritza L. Delgado, 2750 S.W. 87th Avenue, Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maritza L. Delgado, P.O. Box 01-6874, Miami, FL 33101

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

Signature/Incorporator

Date

Date