

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

LUCY ORTIZ ENTERPRISES, INC.

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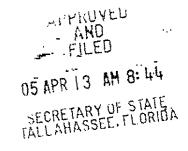
Corporate Filing

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ARTICLES OF INCORPORATION OF

LUCY ORTIZ ENTERPRISES, INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT hereby adopts the following Articles of Incorporation:

ARTICLE ONE NAME

The name of the corporation is: Lucy Ortiz Enterprises, Inc.

ARTICLE TWO DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE PURPOSE

The corporation may transact any and all lawful business for which corporations may be incorporated under the laws of the STATE OF FLORIDA.

ARTICLE FOUR CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 100 all of which shall be common shares with a par value of \$1.00

ARTICLE FIVE REGISTERED OFFICE

The street address of the initial registered office of the corporation shall be:

15506 Kingsmill Pl. Odessa, FL 33556

The name of the initial registered agent at such address is:

Lucille Ortiz

ARTICLE SIX REGISTERED AGENT ACCEPTANCE

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Lucille Ortiz

ARTICLE SEVEN PRINCIPAL OFFICE

The principal office of the corporation shall be:

15506 Kingsmill Pl. Odessa, FL 33556

> ARTICLE EIGHT PRE-EMPTIVE RIGHTS

The shareholders shall have pre-emptive rights.

ARTICLE NINE DIRECTORS

The board of directors of the corporation shall consist of at least one member. The name and address of the initial director of the board is:

NAME: Lucille Ortiz

ADDRESS: 15506 Kingsmill Pl. Odessa, FL 33556

ARTICLE TEN INCORPORATOR

The name and address of the incorporator is:
NAME: Lucille Ortiz
ADDRESS: 15506 Kingsmill Pl Odessa, FL 33556
In witness whereof, I have subscribed my name this 10 day of 2005
Lucille Otto
Name: Lucille Ortiz / Inco rporator
STATE OF FLORIDA : : SS COUNTY OF PINELLAS :
On this <u>iO</u> day of <u>AFRIL</u> , <u>200\$</u> , before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared: Lucille Ortiz known by me personally or furnishing the following identification:
N/A , to be the person whose name is subscribed, to the within instrument and acknowledged that they executed the same for the purpose therein contained.
IN WITNESS WHEREOF, I hereunto set my hand official seal. NOTARY PUBLIC
STATE OF FLORIDÁ AT LARGE
MY COMMISSION EXPIRES: LETHY WICKY MY COMMISSION FOR 15 THAT EXPIRES: October 25, 2005 Berned That Salph Nethry Services

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