# P05000063651

(Requestor's Name)				
(Address)				
(Address)				
<b>,</b>				
(City (Chata Pilin IDL) 198				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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Outfled Outle	ī			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SELVATIONS SEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT:L	INK HIRVELA,		TE NAME - MUST INCL	UDE SUFFIXY
	(			× × × × × × × × × × × × × × × × × × ×
Enclosed are an orig	inal and one (1) cop	y of the art	icles of incorporation and	a check for:
\$70.00	<b>△</b> \$78.75		<b>₩</b> \$78.75	<b>□</b> \$87,50
Filing Fee	Filing Fee		Filing Fee	Filing Fee,
_	& Certificate of S	Status	& Certified Copy	Certified Copy
			1	& Certificate of
			•	Status
			ADDITIONAL COPY REQUIRED	
			<u> </u>	<del></del>

Name (Printed or typed)

20170 PINES BLVD - SUITE # 302

Address

PEMBROKE PINES, FI. 33019

City, State & Zip

(954) 441-0403

Daytime Telephone 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:

LINK HIRVELA, INC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

602 NW 183rd TERRACE PEMBROKE PINES, FL 33029

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE IF THE ORGANIZATION IS COMMISSIONS

### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @\$1.00 PAR VALUE

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PRESIDENT LINCOLN E HIRVELA 602 NW 183rd TERRACE PEMBROKE PINES, FL 33029

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LINCOLN E HIRVELA 602 NW 183rd TERRACE PEMBROKE PINES, FL 33029

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BERNARD KOPET P.A. 20170 PINES BLVD - SUITE #302 PEMBROKE PINES, FL 33029

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

Demid 1 fet

Date

Date