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J. Shivers MAY 06 2005

TRANSMITTAL LETTER

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

SUBJECT: LAS. Inc	c. (PROPOSED CORPORATI	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)	
Enclosed is an original ar	nd one(1) copy of the Articl	es 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 PY REQUIRED	
FROM:	Laurie Ann Santos Name (Printed or typed)			OS MA)
2040 N.W. 81 Avenue, #116 Address Pembroke Pines, Florida 33024 City, State & Zip		: 3 77	OF I	
		•	AM 9:35	
	954-442-7668 Daytime Tele	phone 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:	
Prin KEY, INC	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
2040 N.W 81 AUENUE, #116, PEMbroke Pines, F	133021
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Customer Service Customer Relations, Answer Answer Service Phone calls For O Companies. The number of shares of stock is:	r Custo:
ARTICLE IV SHARES COMDONIES.	INEL
The number of shares of stock is:	
100 Shates	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	No.
List name(s), address(es) and specific title(s):	<u> </u>
Laurie Ann Santos, President	
PEMBTORE Pines, FL 33024	055 7-F
PEMBIDE PINES FL 33024 ARTICLE VI REGISTERED AGENT	
ARTICLE VI REGISTERED AGENT	ATTE STITE
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	- Table
LAUrie Ann Sautos	
2040 11, 1 81 0, 10 41 116	
PEMBroke Pines. FL 33004	
The <u>name and address</u> of the Incorporator is:	
LAUTIE Ann SANTOS	
2040 N.W 81AUE # 116 PEMBroke Pines FL 33024	
**************************************	****
Having been named as registered agent to accept service of process for the above stated corporation at the place designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	ted in this
Laurie 0 & to 5/2/15	
Signature/Registered Agent Date	
ρ . ρ . ρ . ρ .	
Signature/Incorporator Signature/Incorporator Signature/Incorporator	
- •	