

TRANSMITTAL LETTER

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

SUBJECT: Pedro M. Lopez INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Pedro M. Lopez
Name (Printed or typed)

11035 SW 148 PL
Address

Miami Fla
City, State & Zip

305 - 386 - 7491
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)

FILED

05 AUG 26 PM 3:17

ARTICLE I NAME

The name of the corporation shall be: Pedro M Lhopiz, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 11035 SW 148 PL
Miami, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

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):
Pedro Lhopiz President
11035 SW 148 PL, M. FL 33196
Mania Llopiz Sect
11035 SW 148 PL M: FL 33196

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Pedro Llopiz
11035 SW 148 PL
Miami FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Pedro Lhopiz
11035 SW 148 PL
Miami, FL 33196

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] _____ Date _____
Signature/Registered Agent

[Signature] _____ Date _____
Signature/Incorporator