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(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Cityle Later Lipit Trans II)			
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· COVER LETTER

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

SUBJECT: 6135 Corp.			
(PROPO	SED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1)	copy of the artic	les of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate	of Status	✓ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
_{FROM:} Juan M Morale	es		
	Name (Printed or typed)	
9745 SW 72	2 ST SUITE		
	Α	ddress	
Miami, FL 3			
	City, S	State & Zip	
305-803-793			
	Daytime Te	elephone 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:

6135 Corp.

DIVISION DERY

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9745 SW 72 ST Suite-207 Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Juan M Morales 6425 SW 107 AVE Miami, FL 33173

ARTICLE VI REGISTERED AGENT

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

Juan M Morales 6425 SW 107 Ave Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Title: P Juan M Morales 6425 SW 107 Ave Miami, FL 33173

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

Colle M. Miral Twen	11.01-05
Signature/Reg(stered Agent	Date
Duca La Mugal Ja	11-01-05
Signature/Incorporator	Date