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06 MAR -9 PM 4: 44

COVER LETTER

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

SUBJECT: Adriano Oliveira Cable Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$\bigcup \\$70.00 \bigcup \\$78.75 \\ Filing Fee \text{Filing Fee} \text{Certificate of Status}	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Adriano Oliviera Name	(Printed or typed)	
303 Palmetto Oak #10	95 Address	
Fort Myers, Fl 33916	State & Zip	·····
239-462-9555 Daytime T	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)

DIVISION OF CALLENGE OF MAR -9 PM 4: 44

ARTICLE I NAME

The name of the corporation shall be:

Adriano Oliviera Cable Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3003 Palmetto Oak #105 Ft. Myers, Fl 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cable Contracting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Adriano Oliviera (president) 3003 Palmetto Oak #105 Ft. Myers Fl 33916

ARTICLE VI REGISTERED AGENT

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

Adriano Oliviera 3003 Palmetto Oak #105 Ft. Myers Fl 33916

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Adriano Oliviera (president) 3003 Palmetto Oak #105 Ft. Myers Fl 33916

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

certificate, I am function with and accept the appointment as required agent and agree to act in this capacity		
MANNOCLWERE	3-6-6	
Signature/Registered Agent	Date	
ADKIANO OLWERE	3-6-6	
Signature/Incorporator	Date	