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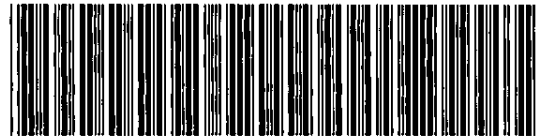
(Business Entity Name)

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RECEIVED
07 JAN 22 AM 11:03
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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07 JAN 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. S & Q corp
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 JAN 24 AM 11:08

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 23, 2007

LAZARUS

SUBJECT: S&Q CORP
Ref. Number: W07000003621

We have received your document for S&Q CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 607A00005355

ARTICLES OF INCORPORATION

OF

S & Q FENCE CORP.

FILED
07 JAN 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this Corporation shall be: *S & Q FENCE CORP.*

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

12901 NORTH OKEECHOBEE RD F9
HIALEAH GARDENS FL 33018
ARTICLES III SHARES;

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundreds (100) of one dollar(s)(\$1.00)

ARTICLE IV

The name and address of the initial registered agent is:

PEDRO PEREZ
12901 NORTH OKEECHOBEE RD F9
HIALEAH GARDENS FL 33018


ARTICLES V INCORPORATORS(S)

The name(s) and street address(es) of the incorporator(s) to this Article of Incorporation is (are):

PEDRO PEREZ
12901 NORTH OKEECHOBEE RD F9
HIALEAH GARDENS FL 33018
ARTICLES VI (DIRECTORS)

PEDRO PEREZ
12901 NORTH OKEECHOBEE RD F9
HIALEAG GARDENS FL 33018

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this MAY 18, 2006.



CERTIFICATION OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 6170501, Florida Statute, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the Corporation is: *SEQUENCE CORP.*
2. The name and address of the registered agent and office is:

**PEDRO PEREZ
12901 NORTH OCKECHOBEE RD
HIALEAH GARDENS FL 33018**

HAVING BEEN NAME AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JAN 24 PM 1:30

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