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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Duringer Fullih Menne)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
TALLAHASSEE, FI HIBIT

J. SHIVERS MAR 23 TOTAL

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COVER LETTER

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

SUBJECT:	HYR Inde	pendent TENAME-MUSTINCL	UDE SUFFIX)	
Enclosed are an orig \$70.00 Filing Fee	ginal and one (1) copy of the artificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	<u>5900</u> ;	Hasuida (Printed or typed) SW 12) Address	a.(OZMAR 21 PM I
	City, (786)	State & Zip 389-367 elephone number	FLORIDA	ED PM 1:27

NOTE: Please provide the original and one copy of the articles.

ARTICUES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) NAME ARTICLE I The name of the corporation shall be: Independent Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5900 SW 127 AVE #3323 MIAMI PL 33 183 ARTICLE III PURPOSE The purpose for which the corporation is organized is: to do any Legal Business 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): Keinaldo masvidal - President 5900 SW 127 Ave # 3323 41ami PC 33183 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Reinaldo masvidal 5900 sw 127 Ave # 3323 HiAmi Fr 33183 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: einal do mas videl 900 sw 127 Ave # 3323 11 aui FC 33183 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

ture/Registered Agent

Signature/Incorporator