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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : EXECUTIVE CORPORATE FILING, INC.  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

L & O ILLUSIONS ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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**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:

L & O ILLUSIONS ENTERPRISES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10820 SW 243 STREET  
HOMESTEAD, FL 33032

**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 @ \$5.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LAZARO PEDRO FERREIRO - PRESIDENT  
OLGA LIDIA FERREIRO - VICE-PRESIDENT  
10820 SW 243 STREET  
HOMESTEAD, FL 33032

**ARTICLE VI REGISTERED AGENT**

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

LAZARO PEDRO FERREIRO  
10820 SW 243 STREET  
HOMESTEAD, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

OLGA LIDIA FERREIRO  
10820 SW 243 STREET  
HOMESTEAD, FL 33032

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\*\*\*\*\*  
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 Registered Agent

Signature Incorporator

5/18/07  
Date

5/18/07  
Date