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(((H14000264904 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019

Phone : (305)552-5973 Fax Number : (305)675-5944 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:			
rmall	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION ADTEX INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

H1400025 9 04

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:		
ADTEX INC		
ARTICLE II PRINCIPAL OFFICE:	<del>-</del> 53	<b>₹</b> `
The principal street address and mailing address is:	LANG	NOV 1
MIRMI FL 33178	. T1 = 1 . T1 = 1	13 M
	San	州11: 53
ARTICLE III SHARES: The number of shares of stock is: 100		53
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	<u>RS:</u>	
WILLIAM COLMENARES	(4	<del>)</del>
11605 NW 89 51 +222 MIAMI FL 33178		
ARTICLE V INITIAL REGISTERED AGENT AND STREET A  The name and Florida street address (PO Box not acceptable) of the register		
XIIII AM COLMENARES	nen ake	ш. 12.
11605 NIX 89 9t \$ 22	2	_
MIANI FL 33178		
ARTICLE VI INCORPORATOR: The name and address of the Inc	orporato	or is:
WILLIAM COLMENARES		
11605 NW 899T # 1	12	
MIAMI FC 33179		

H1400026490

## Required Signatures:

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

Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of

State constitutes a third degree felony as provided for in \$.817.155, F.S.

Incorporator

Date

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