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Electronic Filing Cover Sheet

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To:		
	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number : 120000000146	
,	Phone : (305)444-4994	
	Fax Number : (305)328-4774	
**Enter	the email address for this business entity to be used for future	
anr	ual report mailings. Enter only one email address please.**	
Cma	il Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION NEW SCRATCH AND DENT LIQUIDATORS INC

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

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Electronic Filing Menu	Corporate Filing Menu	Help	Û	

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

and of the corporation shall be:	TCH AND DENT LIQUIDATORS INC	
Principal street address 01 NW 50th STREET NRISE, FL 33351	Mailing address, if different is: 3921 NW 88th Terr CORAL SPRINGS, FL 33065	
CLE III PURPOSE urpose for which the corporation is organized is	ANY AND ALL LAWFUL BUSINESS	
		_
CLE IV SHARES umber of shares of stock is: SHARES: 100 @	\$1.00	
		
	ECTORS	
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE	ECTORS O - P Name and Title: EET Address:	
Name and Title: CARLOS E. BRACHO	ECTORS O - P Name and Title: EET Address:	
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351	ECTORS O - P Name and Title: EET Address:	
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351	ECTORS O - P Name and Title: EET Address: Name and Title:	
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351 Name and Title:	ECTORS O - P Name and Title: EET Address: Name and Title:	
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351 Name and Title:	ECTORS O - P Name and Title: EET Address: Name and Title: Address:	21
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351 Name and Title: Address	ECTORS O - P Name and Title: EET Address: Name and Title: Address: Name and Title:	2124 AF
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351 Name and Title: Address	ECTORS O - P Name and Title: EET Address: Name and Title: Address:	21/24 AF.
Name and Title: CARLOS E. BRACHO Address 10301 NW 50th STRE SUNRISE, FL 33351 Name and Title: Address	ECTORS O - P Name and Title: EET Address: Name and Title: Address: Name and Title:	2124 AF

Name and Title:		Name and Title:			
Address		<u> </u>			
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:			
Name:	CARLOS E. BRACHO	_			
Address:	10301 NW 50th STREET	_			
	SUNRISE, FL 33351				
ARTICLE VII	<u>INCORPORATOR</u>				
The name and ad	dress of the Incorporator is:				
Name:	CARLOS E. BRACHO	_			
Address:	10301 NW 50th STREET	_			
	SUNRISE, FL 33351				
Effective date, if (If an effective d filing.) Note: If the date	EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be specific and cann inserted in this block does not meet the applicabl ffective date on the Department of State's records	e statutory filing requirements, th			
Having been nam certificate, I am fo	ed as registered agent to accept service of process amiliar with and accept the appointment as registe	for the above stated corporation a red agent and agree to act in this	t the place o capacity	designated in this	
Country after the 2 State Child (St.)	Required Signature/Registered Agent	 -		Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor			n submitted in a	
Required Signatur	re/Incorporator	Date	-	702	
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