P95/1000759
TRANSMITTAL LETTER

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

300001389533 -01/26/95--01003--005 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: MOUREN		ES CORP. name - must include su	uffix)	
Enclosed is an original for:  \$70.00  Filing Fee	and one (1) cop  \$78.75  Filing Fee & Certificate	y of the articles of \$122.50 Filing Fee & Certified Copy	incorporation and a check  x \$131.25  Filing Fee,  Certified Copy & Certificate	
FROM:		CARMENZA RENDON  Name (printed or typed)		
7620 carlyle av #405 Address				
	MIAMI BEA	CH F1.33141 ity, State & Zip		
	305-820	0565		

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



## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: MOUREN ASSOCIATES CORP.

### ARTICLE II PRINCIPAL OFFICE

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

5393 w 20 Ave. Hialeah fl. 33012

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

fifty

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANTONIO ALFREDO MOURE V 7620 Carlyle Av. 405 MIAMI BEACH FL 33141

## ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

CARMENZA RENDON

7620 carlyle Av

#405 Miami Beach
F1.33141

ANTONIO # MOURE V.

7620 carlyle Av.

#405 Miami Beach
F1.33141

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF TO REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGONT, IN THE STATE OF FLORIDA.

1. The riame	of the corporation is: MOUREN ASSOCIATES CORP.		
2. The name and address of the registered agent and office is:			
MOURE ANTONIO ALFREDO			
	(Name)		
	7620 Carlyle Av #405		
•	(P.O. Box not acceptable)		
	MIAMI BEACH FLORIDA 33141		
•	(City/State/Zip)		

Having been named 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.

January 20th 1995

(Date)