TRANSMITTAL LETTER 95/10

95 MAR 14 PH 4: 20
TALLAHASSEE. FLORIDA

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

5.0100001424445 -03/08/95 -01066--019 ****122.50 ****122.50

		LS CORPORATIO name - must include su		
Enclosed is an original for : \$70.00 Filing Fee	and one (1) cor \$78.75 Filing Fee & Certificate	\$122.50 Filing Fea & Certified Copy /	incorporation and a chec \$131.25 Filing Fee, Condition Copy & Certificate	:k
FROM:	Name	Skills Componer printed or typed) West Drive Address	site DS1	
	(305)	Uillag Florida City, State & Zip 754-7444 De Telephone number	33141	

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

ARTICLES OF INCORPORATION OP

MIAMI SKILLS CORPORATION

SECTION ON WEST The undersigned incorporator for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Miami Skills Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corportion shall be:

> 8020 West Drive #251 N. Bay Village, Florida 33141

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDESS

The name and address of the initial registered agent is:

Larry Linares 8020 West Drive #251 N. Bay Village, Florida 33141

ARTICLE V INCORPORATOR

The nam and street address of the incorporator to these Articles of Incorporation is:

> Larry Linares 8020 West Drive #251 N. Bay Village, Florida 33141

The undersigned has executed these Articles of Incorporation this the 7th day of March, 1995.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1.	The name of the corporation is: MIAM, SKILLS CONDONATION	
2.	The name and address of the registered agent and office is:	
	Larry Linares	Paris and the second se
	(Name)	الانتيام الانتيام
	BODO West Drive, Suite DSI (P.O. Box not acceptable)) -
	(P.O. Box not acceptable)	
	13- Bay Village 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.

(Date)