# P9500044296

## TRANSMITTAL LETTER

FILED

95 HAY 31 AH H: 51

SECRETARY OF STATE TALLAMASSEE, FLORIDA

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

#####78.75 \*\*\*\*\*78.75

SUBJECT:		ELOR IND.	ISTRIES, IN	/ <u>(</u> .	
	(F	roposed corporate r	namo - must includo su	ffix)	
Enclosed is	an origina	l and one (1) co	py of the articles o	f incorporation	and a checl
	\$70.00 ng Fea	X \$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Copy	s131.25 Filing Fee, Certified Copy & Certificate y Required	
	FROM:		o FREEMAN (printed or typed)	The same of the sa	ı
		2094	MAGNOLIA Address		
			LAND CARK	In 60035	
			y, State & Zip u <i>ら- サソノ-ケ</i> 360		
		Daytime	Telephone number		
			Qn' to A	Ь	

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

ARTICLES OF INCORPORATION

SELECTION

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SELECTION

AND SELECTION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

Corporation Act, berehvadout(s) the following Articles of Incorporation Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> **ARTICLE I** NAME

The name of the corporation shall be:

TELOR WOUSTRIES, In

ARTICLE II PRINCIPAL OFFICE

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

3733 N.E. 208 \$ 55. AVENTURA FL 33180

> ARTICLE III **SHARES**

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

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

RONALO FREEMAN 3733 N.E. 208 - ST AUENTURA, FL 33180

### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ROUNEN FREEMAN 3733 N.E. 208 ST AVENTURA, FL 33180

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is:

TELOR NOUSTRIES INC

(DATE)

2. The hame and age	Iress of the registered agent and office is:    Reemail   Reemail	SECTION FI
-	(NAME)  3733 N.E. 208 ST  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	一额当后
-	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  AUENTURA FL 33/80 (CITY/STATE/JE)	- ES
	(CITY/STATE/ZIP)	
corporation at the pla agent and agree to a relating to the proper	as registered agent and to accept service of processace designated in this certificate, I hereby accept the apport in this capacity. I further agree to comply with the postand complete performance of my duties, and I am familiation as registered agent.	pointment as registered rovisions of all statutes

(SIGNATURE)