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SECRETARY STATENS DIVISIONS OF 1.55

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TRANSMITTAL LETTER

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

1 81181182266	, FL 32314
SUBJECT:	A - PLUS FINANCE, INC.
	(proposed corporate name)
Enclosed ple above corpo	ease find an original and one (1) copy of the articles of incorporation for the ration and check in the amount of \$_122.50
FROM:	Lila Maria Morales Name 17982 S.W. 97th Avegue
	Miami, Florida 33157 City, State, & Zip (305) 232-0749 Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

95 AUG 18 PM 1:56

QΕ

A - PLUS FINANCE, INC.

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

ARTICLE I NAME

The name of the corporation shall be: A - PLUS FINANCE, INC.

ARTICLE II PRINCIPAL OFFICE

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

17982 S.W. 97th Avenue Miami, Florida 33157

ARTICLE III CAPITAL STOCK

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

1,000 Shares of Stock at \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Lila Maria Morales 17982 S.W. 97th Avenue Miami, Florida 33157

ARTICLE V INCORPORATOR(8)

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

Lila Maria Morales, 17982 S.W. 97th Avenue Miami, Florida 33157

President, Secretary, Director, Incorporator.

Luis Morales,

17982 S.W. 97th Ave Miami, Florida 33157 Vice President, Treasurer, Director, Incorporator.

The undersigned ha	as(have) exec	cuted these Article	s of Incorpo	ration this	
17	day of	August	, 19 _	<u>95</u> .	
		d	1% Ma	eales	
		Sig	proture/fitte	Lila Morales,	P/S/D
				Luis Morales,	VP/T/D
		Sig	nature/Title		

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

95 AUG 18 PM 1:56

Pursuant to the provisions of sections 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 agent, in the State of Florida.

1.	The name of the corporation is: \(\lambda - \text{PLUS FINANCE, INC.} \)
2.	The name and address of the registered agent and office is:
	Lila Maria Morales
	(NAMĒ)
	17982 S.W. 97th Avenue
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami, Florida 33157
	(CITY/STATE/ZIP)
PR TH	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF IOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT
PR	ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE IDVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER- DRMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA- DNS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE SILA Morales, P/S/D

DATE 08-17-1995