## P950006877/

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

SUBJECT:	10000	y bid trig against	4 May Carte State	Mulhouse 19	1.4
			name - must include suf		
	an <b>original</b>	and one (1) co	opy of the articles of	fincorporation :	and a check
	70.00 g Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	State of the state	
	FROM:	Nama	(printed or typed)		
			<u> </u>	501 -03/0	1001576585 5/3501007013 131.25 ****131.25
City, State & Zip					,
			291 5710		
		Daytime	Telephone number		

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.

ARTICLEI NAME

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

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

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ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

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## 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)

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

Signature

Signature

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 'HE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

2. The name and address of the registered agent and office is:  (NAME)  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)  (CITY/STATE/ZIP)	The name of the corporation is:	The state of the Contract of the			
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)					
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	2. The name and address of the reg	girtered agent and office is:			
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)					
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	<u></u>				
		(NAME)	. :		
	· 5, .	The San San Commence of the San San	•		
(CITY/STATE/ZIP)	(P.O. 1	Box or Mail Drop Box NOT (CCEPTABLE)	1 -		
(CITY/STATE/ZIP)	- 4 <b>\</b> <sup>2</sup> , <b>3</b>	the contract of the second			
		(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.

(SIGNATURE) (DATE)