P96000003159

TRANSMITTAL LETTER

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

SUBJECT: Laura Olliges, Inc. (Proposed corporate name - haust include sulfix)		
60000169151 -01/08/9601054012 ****122.50 *****122.5		
Enclosed is an original and one (1) copy of the articles of incorporation and a check		
for: \$70.00 \$78.75 Filing Fee Filing Fee & Certified Copy & Certified Copy & Certificate Additional Copy Required		
FROM: Laura Olliges Name (printed or typed)		
5791 SW 74th Terr#15		
Miami, Florida 33143		
<u>662-5071</u> Ess		
Daytime Telephone number HANGE FOR THE SEE FOR THE SE		

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

ARTICLES OF INCORPORATION

S6 JAY - 0 PH 1:38

LLAMASSEE, FLORING

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:

Laura Olliges, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5791 SW 74th Terr#15 Miami, FL 33143

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lawra Olliges 5791 SW 74th Terr #15 Miami, Florida 33143

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):

Laura Olliges, President 5791 SW719th Terr #15 Mia, FL 33143

> Laura Olliges Signatur

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

The name of the corporation is:	Laura Olliges Inc.	
	<i>U</i>)	
2. The name and address of the registered agent and office is:		
	wa Olliges	
5791 SW 745 Jerrace #15 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
	am: FL 33143	

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.

Jama Ollicus (SIGNATURE) (DATE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 323149