P 96 00000 3421 TRANSMITTAL LETTER

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



SUBJECT: _	Lacke	10	Inc	<u>, </u>	
	{Pro	posed c	orporato	name • must include suffix)	

1 000001581881 -01/08/96--01091--015 *****78.75 *****78.75

Enclose for :	d is an original	and one (1) co	py of the articles o	f incorporation	and a check	
	\$70.00 Filing Fae	\$78.75 Filing Foe & Cortificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fae, Certified Copy & Certificate Required		
	FROM:	Daniel Name (J. Lacks printed or typed)		I	
		50 Silver	Falls Circ	le		
		Kistinner, FL 34743 City, State & Zip				
		407-344 Daytime 3				

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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.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

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

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LECALIZATIOF STATE
TAILAHASSEE, FLORDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1800 shares of stock

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

Daniel J. Lacks
50 Silver Falls Circle
Kissimmer, FL 34743

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):

Daniel Lacks
50 Silver Falls Circle
Kistinner, FL 34743
Matthew Rivellu
128 San Blat Ave
Kistinner, FL 34741

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

Daniel Zantes

Signature

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.

l.	The name of the corporation is: Lackello Inc.			
2.	The name and address of the registered agent and office is:	TALLA	95 JA	
	Daniel J. Lacks			FILED
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	STATE	H: 03	
	Kissimmer FL 34743 (CHY/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.

Daniel J. Loule 1/2/96 (DATE)