

P96000009405

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 26 PM 2:00

SUBJECT: Julio Agostini and Associates, Inc.
(proposed corporate name)

Enclosed is an original and (1) copy of the articles of corporation
and our check for: \$ 78.75.

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-01/26/96--01057--012
*****78.75 *****78.75

FROM:

Julio Agostini and Associates, Inc.
Name (printed or type)
10012 N. Dale Mabry Hwy Ste 218
Address
Tampa, FL 33618
City, State, & Zip
813-961-1261
Telephone Number

130/96
TB

Note: Please provide the original and copy of the Articles.

ARTICLES OF INCORPORATION
OF

Julio Agostini & Associates, Inc.

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:

Julio Agostini and Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10012 North Dale Mabry Suite 218, Tampa, FL 33618

ARTICLE III SHARES

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

1000 Shares Par Value of \$1.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JAN 26 PM 2:00

ARTICLE IV INITIAL REGISTERED
AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose I Roman
5008 W. Linebaugh Ave Suite 19
Tampa, FL 33624

ARTICLE V INCORPORATOR(S)

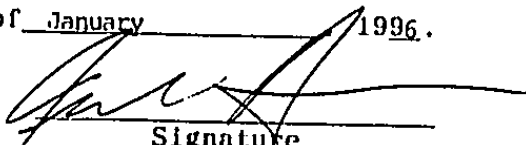
The name(s) and street address(es) of the incorporator(s) to these Articles of Corporation is(are):

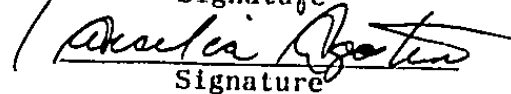
Julio Agostini - 5202 Dublin Place, Tampa, FL 33624-2057
President - 600 Shares

Arcelia Agostini - 5202 Dublin Place, Tampa, FL 33624-2057
Vice-President - 400 Shares

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

_____ 29 _____ day of January _____ 1996.


Signature


Signature

Articles of Incorporation
Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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 designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Julio Agostini and Associates Inc.

2. The name and address of the registered agent and office is:

Jose I Roman
(NAME)

5008 W. Linebaugh Ave Ste 19
(P.O. BOX NOT ACCEPTABLE)

Tampa, FL 33624
(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. 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 _____

1/19/96