

P96 0000 12049

TRANSMITTAL LETTER

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

FILED
FEB -5 1996
TALLAHASSEE, FLORIDA

SUBJECT: Lox Inc
(Proposed corporate name - must include suffix)

900001706139
-02/05/96--01042--013
***122.50 ***122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input checked="" type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
--	---	--	---

FROM: LeAnne Davern
Name (Printed or typed)
PO 420503
Address
Summerland Key, FL 33042
City, State & Zip
305-745-1841
Daytime Telephone number

RECEIVED FEB -8 1996

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

ARTICLES OF INCORPORATION
OF

Lov Inc

FILED
96 FEB -5 AM 8:12
TALLAHASSEE, FLORIDA

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:

Lov Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business shall be:

526 Duval Street
(Physical street address)

Key West, FL 33040
(City, State, and Zip Code)

The mailing address of the Corporation shall be:

526 Duval Street
(Street or P.O. Box)

Key West, FL 33040
(City, State, and Zip Code)

ARTICLE III - CAPITAL STOCK

The authorized capital stock of the Corporation shall be 5,000 shares of common stock with a par value of \$1.00 per share. The Corporation plans to initially issue 500 shares, reserving the balance for subsequent issuance.

FILED
FEB - 5 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The following person shall serve as registered agent for the Corporation at the address stated:



(Signature)

526 Duval Street
(Street Address)

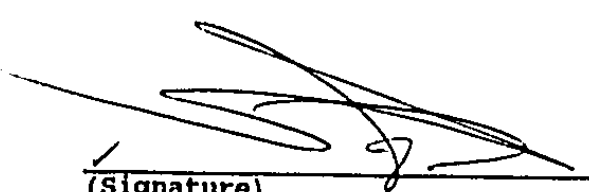
Roni Brami
Print or Type Name

Key West, FL 33040
(City, State, and Zip)

ARTICLE V - INCORPORATOR(S)

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

IN WITNESS WHEREOF, this is to certify that the undersigned incorporator, who shall also serve as initial director and registered agent, hereby makes, subscribes, acknowledges and files these Articles of Incorporation, in order to form a corporation under the laws of the State of Florida, and hereby accepts designation as registered agent.



(Signature)

Roni Brami
(Name)

INITIAL ADDRESS of
Corporation
and Incorporator

526 Duval Street
(Street Address)

Key West, FL 33040
(City, State, & Zip)

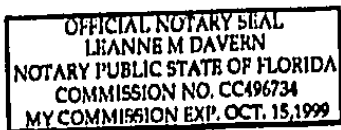
STATE OF FLORIDA

COUNTY OF MONROE

The foregoing instrument was acknowledged before me this 31
day of January, 1996 by Roni Brami of
Lev Inc, a Florida Coporation, on
behalf of the corporation. He/~~she~~ is personally known to me and
did not take an oath.

LeAnne M. Davern
NOTARY PUBLIC, STATE OF FLORIDA

LeAnne M. Davern
(TYPED OR PRINTED NAME)



FILED
96 FEB -5 AM 8:12
NOTARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Lov Inc
(must include suffix)


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

Roni Brami
(Name)

526 Duval Street
(Street address - P. O. Box not acceptable)

Key West, FL 33040
(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 perfor-
mance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.*


(Signature)

1/31/96
(Date)

FILED
96 FEB -5 AM 8:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE