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P96000019164

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

SUBJECT: YAL	FLED SINTENS SECRETARY OF SINT			
Enclosed is an original for: \$70.00 Filling Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Cerdfied Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check
FROM:	Name (150) UIA City	/, State & Zip -695-6665	/4. ct 703/	00017'33337 05/3601131010 *131.25 ****131.25
		-695-665		

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:

VALUEY BRIDES INC

DIVISION OF COSPORATIONS
OF FEB 28 PM 3: 01

ARTICLE II PRINCIPAL OFFICE

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

MISO WINDLAWYCKE CT WINTER SPRINGS FL 32708

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:

CARLOS L. ROSELLO' 1150 WINDLEWYCKE CT WINTER SPRINGS FL. 32708

ARTICLE V INCORPORATOR(5)

See instructions for officers/directors

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

MANUEL VAZQUEZ , PRES. 6129 CRISTAL VIEW DR. ORLANDO PL. BZ 819

CALLOS ROBELLO VICE. 1180 WHERENGELL CT WILLER SPRINGS PL. 52708

VICE.

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

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

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.

1.	The name of the corporation is: VALLEY BEIEFS THE	
2.	The name and address of the registered agent and office is:	DIVISIENCE DIVISIENCE 96 FEB
	(NAME)	RETARY OF S
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	STATENS H 3: 01
	(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)