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344 144
PUBLIC ACCESS SYSTEM

((H96000003562)) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FAB-T CORP. AGENTS, INC.
DEPARTMENT OF STATE 8405 NW 53RD ST
STATE OF FLORIDA SUITE C-100
409 EAST GAINES STREET MIAMI FL 33166-0000
TALLAHASSEE, FL 32399
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((H96000003562)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: L. PROFESSIONAL CORP.

FAX AUDIT NUMBER: H96000003562

DATE REQUESTED: 03/13/1996

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96 MAR 14 PM 4:51
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TALLAHASSEE, FLORIDA

3/14
55 MAR 13 PM 4:13

1655-4160



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 14, 1996

FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST., STE. C-100
MIAMI, FL 33166

SUBJECT: L. PROFESSIONAL CORP.
REF: W96000005571

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala
Document Specialist Supervisor

FAX Aud. #: H96000003562
Letter Number: 096A00011449

20:21:13 03/14/00
20:21:13 03/14/00

ARTICLES OF INCORPORATION**OF***L. Professional Corp.*SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAR 14 PM 4:51

FILED

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *L. Professional Corp.*

The principal place of business of this corporation shall be: 6590 SW 12th St.
Miami, FL 33144

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Michelle Gonzalez - 6590 SW 12 St
Miami, FL 33144

Prepared by: Cuban American CPA
Silvia Roig Villate
3309 N.W. 7th St.
Miami, FL 33125
(305) 649-1154

H96000003562

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Michelle Gonzalez-6590 SW 12 St. Miami, Fl.
33144

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4 day of March, 1996

Signature(s) of Incorporator(s)

Michelle Gonzalez

H96000003562

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: L. Professional Corp.

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

Michelle Gonzalez 6590 SW 12th St.
(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33144
(CITY/STATE/ZIP)

SIGNATURE: Michelle Gonzalez
(corporate officer)

TITLE President

DATE 3-4-96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Michelle Gonzalez

DATE 3-4-96

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MAR 14 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: