P96000040913

TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

EIDCIOCITETOSIGE -05/07/96--01065--013 *****78.75 *****78.75

AL MAY 1 3 1996

& Certificate & C	\$122.50	
FROM: Laurel M. Name (printe	<u> </u>	
4400 N.W.	45th Avenue For I c	ロフ
Tumarac, City, State	FL 33319	

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

Daytime Telephone number

ARTICLES OF INCORPORATION

FILED 96 HAY -6 PH 4: 24

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

ARTICLE I NAME

The name of the corporation shall be:

Laurel Leaf Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4400 NW 45th Avenue Tamarac, FL 33319

ARTICLE III SHARES

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

100

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

Laurel Murray 4400 NW 45th Avenue Tamarac, FL 33319

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):

Laurel Murray 4400 NW 45th Avenue. Tamarac, FL 33319

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
22 day of April . 19 96.
(An additional article must be added if an effective date is requested.)
Samuel Meccay Signature
Signature

Notarization is not required

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.

1. The name of	of the corporation is:	Laurel Leaf Enterpri	ises, Inc.
2. The name	and address of the reg	istered agent and office is:	
	Laure	Murray (NAME)	55 55 55 57 57 57 57 57 57 57 57 57 57 5
	4400 N. (P.O. B	OX OF Mail Drop Box NOT ACCEPTABLE)	SSECURIC
	Tamara	C, FL 33319	#: 24 STATE FLORIDA

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.

Janul Muyay 04/22/96
(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314