P96000041479

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

_____ of _____ No 52504

RE: San Miguel Crafter, Inc.

FILED
95 MAY 15 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	C.C. FEE	DISBURSED
___ Capital Express℠		
✓ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File		
___ Foreign Corp. File		
___ ( ) Cert. Copy(s)		
apost		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service ___		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority ___		
___ Express Mail Prep. ___		
___ FAX ( ) pgs.		
___		
SUBTOTALS ___		

3/4, 1/5/24

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	5/15		
TIME	9:30		CK No.
BY			

WALK-IN
Will Pick Up ___ ___

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
___	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: San Miguel Plaster Inc
(Proposed corporate name - must include suffix)

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

[x] $70.00 Filing Fee	[ ] $78.75 Filing Fee & Certificate	[ ] $122.50 Filing Fee & Certified Copy	[ ] $131.25 Filing Fee, Certified Copy & Certificate

FROM: Bestax Accounting
Name (printed or typed)

183 S. State Rd 7
Address

Lauderdale, FL 33068
City, State & Zip

(954) 969-9992
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

SAN MIGUEL PLASTER, 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:

SAN MIGUEL PLASTER, INC

ARTICLE II PRINCIPAL OFFICE

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

1201 SW 52 Ave # 102 N. LAUDERDALE FL 33068

ARTICLE III CAPITAL STOCK

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

500 SHARES AT $1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JOSE NAVARRO

1201 NSW 52 AVE #102 N. LAUDERDALE FL 33068

ARTICLE V INCORPORATOR(S)

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

JOSE NAVARRO 1201 SW 52 AVE # 102
NORTH LAUDERDALE FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of MAY, 19 96.

Jose L Navarro PRESIDENT
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

FILED

96 MAY 15 AM 11:25

FLORIDA

CERTIFICATE OF DESIGNATION OF 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: SAN MIGUEL PLASTER, INC

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

JOSE NAVARRO
(Name)

1201 SW 52 AVE # 102
(P.O. Box not acceptable)

N. LAUDERDALE FL 33068
(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.

Jose L Navarro
(Signature)

5/10/96
(Date)

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