P96000044386

TRANSMITTAL LETTER

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314			17. 4 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
SUBJECT: FLOR'S CC		name-must include suffi	27 27 27 28 28 32 XX
Enclosed is an original and for:	one (1) copy of the a	utides of incorporation	n and a check
\$70.00 Filling fee	X \$78.75 Filling fee & Certificate	\$122.50 Filling Fee & Certified Copy	\$131.25 Filling Fee, Certified Copy & Certificate
	Name (pr	SA TAPOADA	
		W 77 ST AP 309	-
9,69/ -10358		LEAH FL 33014 ats & Zip	· · · · · · · · · · · · · · · · · · ·
-10358	(3 Daytime Tele	105) 362-4470 phone number	

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



May 15, 1996

ELSA TABOADA 1035 WEST 77TH STREET APARTMENT 309 HIALEAH, FL 33014

SUBJECT: FLOR'S CORPORATION Ref. Number: W96000010358

We have received your document for FLOR'S CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6972.

Doris Brown Document Specialist

Letter Number: 896A00024109

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 | NAME

The name of the corporation shall be:

FLOR & SON'S CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

1255 W. 46 Street, #14 Hialeah, Florida 33012

ARTICLE III SHARES

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

1,000 AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELSA TABOADA 1035 W. 77 ST #309 HIALEAH, FL 33014

ARTICLE V INCORPORATOR(S)

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

ELSA TABOADA 1035 W 77 ST # 309 HIALEAH FL, 33014 PEDRO RAMOS 1035 W 775T # 309 HIALEAH FL 33014

20TH	day of	MAY	4	998	
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_		Signature			_
		o < Kan	10		
		Signature			_
_				Г	OFFICIAL NOTARY SEAL
		Signature			HECTOR HERNANDEZ JR NOTAR : PUBLIC STATE OF FLORID. CUMMISSION NO. CC18751 MY COMMISSION EXP. DEC. 29,1998

ARTICLES OF INCORPORATION FILLING FEE - \$35

Notary Public.

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 CFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: FLOR & SON'S CORPORATION
2. The name and address of the registered agent and office is:
ELSA TABOADA
(Name)
1035 W 77 ST APT 309
(P.O. Box not acceptable)
HIALEAH FL. 33014
(City/State/Zip)
Having been named as registered agent and to accept service of process for the above state 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.
Elsa Taboada: 50006
(Signature) 5/20/96 (Date)