CARLOS LEDEZMA 10330 QUITO STREET COOPER CITY, FL 33026

May 9, 1996

4100 9 00 194524 9 44 05/14/95--01043--009 ****122.50 | ****122.50

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gontlemon:

Please accept the enclosed Articles of Incorporation and a check in the amount of \$122.50 to cover the incorporation costs.

Your prompt attention is greatly appreciated. Please send all correspondence to the address indicated above.

Sincerely,

Carlos Ledezma

Carly Judy

789,135,631,634,615,706,671 MM--10649

Enclosures

D. BROWN JUN 1 8 1996



May 20, 1996

CARLOS LEDEZMA 10330 QUITO STREET COOPE CITY, FL 33026

SUBJECT: CARLOS LEDEZMA, INC. Ref. Number: W96000010649

We have received your document for CARLOS LEDEZMA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for microfilming.

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

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 contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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: 796A00024910

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:

CARLOS LEDEZMA, INC.

ARTICLE II PRINCIPAL OFFICE

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

Cooper City, FL 330x6

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: .500

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

CARLOS LEDEZHA 10330 QUITO STREET COOKER CITY FL 33046

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):

CARLOS LEDEZHA
10330 QUITO STAKET
COOPER CITY, FC 33046

The undersigned inco	rporator(s) has(have)	executed these	Articles of Incom	rporation this
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9^{7H} day of <u>447</u>, 1996.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

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 the corporation is:	CARLOS	LEDEZAT.	INC
2. The name and address of the registe	red agent and of	Tice is:	
CARLOS	LEDE2 MA (NAME)		
- 10370 (P.O. Box	QUITO ST	REST	
(P.O. Box	or Mail Drop Box 1	OT ACCEPTABLE)	
Cosper	City A.	71076 IP)	
	(CITY/STATE/	IP)	
Having been named as registered age corporation at the place designated in agent and agree to act in this capacity, relating to the proper and complete per obligations of my position as registered.	this certificate, i I further agree formance of my I agent.	i hereby accept the to comply with th	appointment as registered Exprovisions of all statutes
transfer Jude	~~~	6.	- 14-96

(DATE)

(SIGNATURE)