P96000063326

TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

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

SUBJECT: CORLETTO

				07/26/9601065009 ****122.50 ****122.50
nclosed is an original r: \$70.00 Filing Fee	and one (1) col \$78.75 Filing Fee & Certificate	oy of the articles of \$122.50 Filing Fee & Certified Copy	Incorporation a \$131.25 Filing Fee, Certified Copy & Certificate	100 SECULATION 100 SECURATION 100 SE
FROM:	CALE 17	O DETAILING	INC.	LED 26 AN 8: 34 ASSEELFLORID
	1930	SE HILIMOOR	Da. # 139	CRIDA LATE CRIDA
	PORT S	ity, State & Zip	34952	
		21-7188 e Telephone number	<u></u>	

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

AL JUL 2 9 19961

ARTICLES OF INCORPORATION 5 JUL 26 At 8: 34

SECRETARIA DI ATE TALLAHASSEF, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

COLLETTO DETAILING INC.

ARTICLE II PRINCIPAL OFFICE

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

1930 SE HILMOOR Dr. # 139 Port St Lucie FTA. 34952

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cesar Colletto
1930 SE HILLMOOR Dr. # 139
PORT ST LUCIE, FLA. 34952

ARTICLE V INCORPORATORIS

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

Cesar Cornetto 1930 SE HILMOOR Dr. #139 Port St Lucie, Fra. 34952

Articles of Incorporation Filing Fee - \$35

Signature

FILED

CERTIFICATE OF DESIGNATION OF 96 JUL 26 All 81 34 REGISTERED AGENT/REGISTERED OFFICE AND STATE OF THE STATE O

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: CORLETTO LETATLING, LAC.

2. The name and address of the registered agent and office is:
CESAR CORLETTO
(Name)
1930 SE HILLMOOR DR. # 139
(P.O. Box not acceptable)
PORT ST LUCIE FZA. 34952
(City/State/Zip)
Having heep named as registered agent and to accept service of process for the
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 performs of my desired, and I am familiar with and accept the obligations of my position
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.

(Date)