

P96000066071
TRANSMITTAL LETTER

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

900001920619
-08/13/96--01108--017
****122.50 ****122.50

SUBJECT: UVA INDUSTRIES, INC.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

UVA INDUSTRIES, INC.
LOUISE H. YUILL, President
Name (printed or typed)

645 MINORCA AVE.
Address

CORAL GABLES, FLA 33134
City, State & Zip

305-442-0494
Daytime Telephone number

96 AUG -7 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

685, 2287, 671
2096-15725
B. REGISTER JUL 26 1996

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 26, 1996

LOURDES LYNN
645 MINORCA AVE
CORAL GABLES, FL 33134

SUBJECT: UVA INDUSTRIES, INC.
Ref. Number: W96000015725

We have received your document for UVA INDUSTRIES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

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) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 096A00036134

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:

UVA INDUSTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

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

645 MINORCA AVENUE
CORAL GABLES, FL 33134

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STATE
FLORIDA
TALLAHASSEE

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LOORESH H. LYNN
645 MINORCA AVENUE
CORAL GABLES, FL 33134

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors



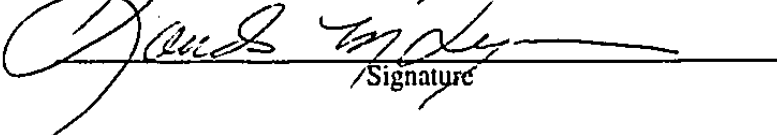
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Louedes M. Lynn, President
Louedes M. Lynn, Vice President
Louedes M. Lynn, Secretary
Louedes M. Lynn, Treasurer
645 MINOCCA AVENUE
CORAL GABLES, FL. 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of July, 19 96.

(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: UVA Industries, Inc.

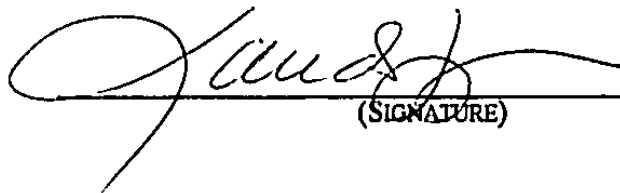
2. The name and address of the registered agent and office is:

LOURDES M. LYNN, President
(NAME)

645 MINORCA AVENUE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

CORAL GABLES FL 33134
(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.


(SIGNATURE)

7/16/96
(DATE)