P90000088321

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

000001985460--3 -10/25/96--01017--003 ****131.25 ****131.25

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

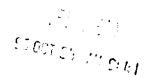
ADDITIONAL COPY REQUIRED

FROM:	MARIO DE SANTIS	
	Name (Printed or typed)	-
	10219 GENERAL DRIVE	
	Address	•
	ORLANDO, FL. 32824	·
	City, State & Zip	
	407-856-4832	
	Daytime Telephone number	

AL OCT 2 5 1996

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

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:

ITAL BAR, INE

ARTICLE II PRINCIPAL OFFICE

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

16214 GENERAL DRIVE ORLANDO, FL 32824

> ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time CHE THOUSAND (1,000)

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

MARIO DE SANTIS 10219 GENERAL DRIVE CRLANDA, FL. 32824

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):				
MARIO DE SANTIS	PRESIDENT /TREASURER			
2454 WHISPERING MAPLE	,			
ORLANDO, FL. 32831				
LARMEN DE SANTIS	SECRETARY			
2459 WHISPERING MAPLE				
ORLANDO, FL. 32837				

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

20th day	of <u>00708FR</u>	.19 86
		. 19 1 6

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

Clums be for	
Signature	<u> </u>
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:	ALBAR, INE.
2. The name and address of the registered ag	ent and office is.
MARIO DE SA.	
10219 (F.O. Box or Mail)	Drop Box NOT ACCEPTABLE)
ORLANDO, FL.	32824 TY/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 service.

(SIGNATURE) 10-20-1996
(DATE)