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Re	questor	s Name					
Louis	Sofo			•			
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Fictitious Name		Limited Partner	ship.				
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Examiner's Initials Q 311 90

Other

ARTICLES OF INCORPORATION DIVISION OF CORPORATIONS 96 DEC -9 AH 11: 49

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:

I & L Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17200 Collins Avenue Mioni Beach, Florido 33160

ARTICLE III SHARES

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

100°Shares. Louis Sofo 45 Shares. Ileand Sofo

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Louis Sofo 6111 SW Z8TZ St. Miani, Florida 33155

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

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

Louis Sofo
6111 Sw 28th St.
Miani Flourds 33155

Tleand Sofo
6111 Sw 28th St.
Miani Flourds 33155

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

18 day of November, 19 96.

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

Signature

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 DIVISION OF CORPORATIONS REGISTERED AGENT/REGISTERED OFFICE 96 DEC -9 AM | | 49

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	, Inc.
2. The name and address of the registered agent and office is:	
Louis Soto (NAME) 6111 SW 28 ^{TZ} Street	
(P. O. Box of Mail Drop Box NOT ACCEPTABLE) Miani Floride 33155 (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.

Devis M. Ath

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314