

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
96 DEC 12 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 12 1996

REQUEST TAKEN CONFIRMED APPROVED
DATE 12/10
TIME CK No.
BY

WALK-IN
Will Pick Up 1:00

RE: Kemper Lleras, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
() Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S- 000002025070--0		
Fictitious Name File		
	-12/10/96--01125--025	
	***857.50 ***122.50	
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 15% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 10, 1996

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: KAMPER LLERAS, INC
Ref. Number: W96000025926

We have received your document for KAMPER LLERAS, INC and your check(s) totaling \$857.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ENCLOSED DOCUMENTS ARE ILLEGIBLE AND CAN NOT BE FILED.
PLEASE TYPE OR PRINT LEGIBLE.

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) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 896A00055202

corrected
Shank

RECEIVED
95 DEC 13 AM 10:03
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION FILED

'96 DEC 12 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Kamper Lleras, INC.

ARTICLE II PRINCIPAL OFFICE

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

1051 Merielan Ave. Apt 1E
Miami Beach, FL. 33139

ARTICLE III SHARES

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

100 shares
Par Value 11\$

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Donna R. Botero
11991 NE 14 Ave.
Anthony, Fl. 32617

ARTICLE V INCORPORATOR(S)

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

Maria Amalia Perez
1051 Merielan Ave.
Apt. 1E Miami beach Fl. 33139

Donna R. Botero
11991 NE 14 Ave.
Anthony, Fl. 32617

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

10 day of December, 19 96.

Donna R. Botero
Signature

Signature

Signature

Articles of Incorporation

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: Kamper Lleras , INC.

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

Donna R. Botero

(Name)

11991 NE 14 Ave.

(P.O. Box ~~not~~ acceptable)

Anthony, Fl. 32617

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Donna R. Botero
(Signature)

12-10-96

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