

P970000024840
TRANSMITTAL LETTER

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

700002114547--2
-03/17/97--01026--011
*****70.00 *****70.00

SUBJECT: LEMKO TRANS 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: CLAUDIO MAYOL
Name (printed or typed)
3822 FRIARS COVE RD.
Address
ST. CLOUD, FL 34772
City, State & Zip

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAR 17 PM 3:30

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

af 3/19/97

ARTICLES OF INCORPORATION

FILED
STATE OF FLORIDA
CORPORATIONS
97 MAR 17 PM 3:30

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:

LEMKO TRANS INC.

ARTICLE II PRINCIPAL OFFICE

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

POST OFFICE BOX 700878

ST. CLOUD, FL 34770-0878

ARTICLE III SHARES

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

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CLAUDIO MAYOL

3822 FRIARS COVE RD.

ST. CLOUD, FL 34772

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):

CLAUDIO MAYOL
3822 FRIARS COVE RD.
ST. CLOUD, FL 34772

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

13 day of MARCH, 19 97.

(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: LEMKO TRANS INC.

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

CLAUDIO MAYOL
(NAME)

3822 FRIARS COVE RD.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ST. CLOUD, FL 34772
(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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)

03/13/97
(DATE)

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