P 970000 24980 TRANSMITTAL LETTER

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

		name - must include su		11 CE, ZA	~ .
				211608: 18/9701059 *131,25 ***	∋1 008 *131.25
Enclosed is an original for : (\$70.00 Filing Fee	**************************************	py of the articles of \$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check	
FROM:	Name (printed or typed) ATTORNEYS TAX EXPERTS, INC. 10300 SW. 72nd Street, Suite 325 Miami/Hakkids 33173		, INC.	R 17 AH	
	_305	y, State & Zip Signature Telephone number	1072	9: 06 SIATE CORIDA	للمدي

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

ARTICLES OF INCORPORATION

97 MAR 17 AM 9:06

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:

Jus' Lavoscapure Sales & Senerce, Two.

ARTICLE II PRINCIPAL OFFICE

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

GHIS S.W. 875meer Misser Florios 33178

ARTICLE III SHARES

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

100

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

Hos Garzoloz

9815 S.W. 875mer

Mon Florios 33173

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):

Non Forzalez

GS15 SU 67 STREET.

Main Floros 33173

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

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

House

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 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.

	of the corporation is: Fues Lawos connection (must include suff	ix)
The name	and address of the registered agent and office is:	97 SEI TALI
	Non Garages	97 HAR 17 SECULIASSI
	9815 Su 87 sme	AH 9: 06 EE, FLORIDA
	(Street address - P. O. Box or Mail Drop Box NOT acceptal	
	<u>Jan. Floriois</u> 33. (City/State/Zip)	<u>'23</u>

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)

3/12.97 (Date)