# TRANSMITTAL LETTER

### FROM:

Name of Corporation: ...FLORIDA ALDA INC.

**611 NW 159 AVENUE** 

PEMBROKE PINES, FLORIDA 33028

500002115215--7 -03/17/97--01099---017

\*\*\*\*122.50 \*\*\*\*122.50

#### **DEAR CORPORATION DIVISION:**

Please find enclosed:

- 1. An Original Articles od Incorporation and one copy for the above named Corporation.,
- 2. A Check in the amount of \$ 70.00 for filing fees.

### A CERTIFIED COPY IS requested.

The aditional fee in the amount of \$ 52.50 is enclosed.

Please send responses or receipts concerning this filing to the above address.

Thank you very much.

Alejandro Vasquez Incorporator

Phone: (954) 430 - 2074

APR P. OHERGAR

W97-643
6+5. 797 14632



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 24, 1997

ALEJANDRO VASQUEZ 611 NW 159 AVE PEMBROKE PINES, FL 33028

SUBJECT: FLORIDA ALDA INC. Ref. Number: W97000006663



We have received your document for FLORIDA ALDA INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 797A00014632

### ARTICLES OF INCORPORATION of

#### FLORIDA ALDA INC.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:

FLORIDA ALDA INC.

Article2. The principal place of business and mailing address of this Corporation is:

611 NW 159 AVENUE, PEMBROKE PINES, FLORIDA 33028

Article3. The Corporation is authorized to issue one class of stock, that stock being 1000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bytan of the Corporation.

Article4. The name and address of the Corporation's initial registered agent is:

Alejandro Vasquez

611 NW 159 Avenue, Pembroke Pines, FL 33028

Article5. The name and address of the incorporator of this Corporation is:

Alejandro Vasquez

611 NW 159 Avenue, Pembroke Pines, FL 33028

Article6. No Director shall be held liable to the Corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is at least eighteen years of age.

03/14/97 Date

Signature of Incorporator

Alejandro Vasquez Name of Incorporator

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: FLORIDA HLDA LNC.
_	The name and address of the registered agent and office is:
2.	The name and address of the registered agent and office is:
	ALEJANDRO VASQUEZ
	611 NW 159 AVENUE
	(P.O. Box NOT acceptable)
	PEMBROKE PINES, FLORIDA 3302B
	(City/State/Zip)
Ha	aving been named as registered agent and to accept service of process for the above
sta	ated 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
pro	ovisions of all statutes relating to the proper and complete performance of my duties, and
	m familiar with and accept the obligations of my position as registered agent.
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la.	SIGNATURE