MIAMI, FLOR: City/State/	POLAVE ANDUSTRIES INC. Leste stam Every Suital: Variables IDA 33174 (305)552-5973 Zip Phone # SENTATIVE TALLAHASSEE NAME(S) & DOCUMENT NUMBER(S), (if known):	?
1. <u>FLA1AA</u> (Corp.) 2(Corp.)	Oration Name) (Document #) (Document #)	
Walk in	SOURCE STAND STAND SOURCE SOURCE STAND SOURCE SOU	- 1 75
Mail out NEWFILINGS Profit NonProfit Limited Liability Domestication Other	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	
Annual Report Fictitious Name Name Reservation	Foreign Limited Partnership Reinstatement Trademark Other	ı

Examiner's Initials

ARTICLES OF INCORPORATION OF

E FLOR

I , the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE I NAME

The name of the corporation shall be:

ELMAR COIN LAUNDRY INC.

ELMAR COIN LAUNDRY INC.

ARTICLE II - PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$\frac{10.00}{2}\$ par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation shall begin business shall be \$600.00 .

ARTICLE V - CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI - POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be: 4245 West 16th Ave. Hialeah,Fl. 33012

with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VII - NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting of twO persons initially.

The number of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number requiered by the laws of the State of Florida, as amended from time to time.

ARTICLE VIII - INITIAL DIRECTORS

NAME	ADDRESS
Elvia Arminan.	11201 SW 55 St. Box 69.Miramar F1 3302
Edelmiro Arminan	11201 SW 55 St.Box 69 Miramar,F1. 3302

ARTICLE IX - OFFICERS

NAME	TITLE
Elvia Arminan	President.
Edelmiro Arminan.	Secretary/Treasurer.

ARTICLE X - SUBSCRIBERS

The name and post office addresses of	the subscribers to these articles
are as follow:	
NAME	<u>ADDRESS</u>
Elvia Arminan.	Sama as article VIII
ARTICLE XI	- AMENDMENTS
These Articles of Incorporation may b	be amended from time to time in the
manner provided by law. Every amenda	ment shall be approved by the Board
of Directors, proposed by them to the	e stockholders and approved at a
stockholders' meeting by a majority of	of the stockholders entitled to vote.
ARTICLE XII - REC	GISTERED OFFICE AND AGENT
The initial street address of the reg	gistered office of the corporation is:
4245 West 16th Ave. Hialeah, F1. 33012	•
and the registered agent is:	
Elvia Arminan.	
The undersigned has (have) executed	these Articles of Incorporation this:
10th day of June	, 19 <u>97</u>
	(SEAL)
-	(SEAL)

(SEAL)

CERTIFICATE OF DESIGNATION 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.

•	The name and address of the registered agent and office is:
	ELVIA ARMINAN.
	(NAME)
	4245 West 16th Ave.
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Hialeah F1 33012
	(CITY/STATE/ZIP) ACCOUNTS ACCOUNTS
	SIGNATURE (CORPORATE OFFICER)
	TITLE President.

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.

SIGNATUR	den	a
DATE	6-10-97	