

City/State/Zi	p Phone# NTATIVE TALLAHASSEE	Office Use Only	
CORPORATION N	AME(S) & DOCUMENT	NUMBER(S), (if known):	177824
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(Corpor	ation Name)	(Document #)	
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Walk in	Pick up time	Certified Copy FLORES STORE Copy Certificate of States	1721
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Offic	per/ Director ent	
Limited Liability	Change of Registered Age	ent Old V	
Domestication	Dissolution/Withdrawal	7/20	
Other	Merger		
		1100	
OTHER FILINGS	REGISTRATION QUALIFICATION	OIVISION OF CORPORATION	
Annual Report	AND AND AND ASSESSMENT OF THE CASE OF		J
Fictitious Name	Foreign		70
Name Reservation	Limited Partnership Reinstatement		C_{i}^{μ}
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	Trademark		7
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Examiner's Initials



RECEIVED

FLORIDA DEPARTMENT OF STATE PH 3: 05

Sandra B. Mortham Secretary of State DIVISION OF CORPORATION

August 7, 1997

LAZARUS

MIAMI, FL

SUBJECT: L&A ENTREPRISE INC. Ref. Number: W97000018247

We have received your document for L&A ENTREPRISE 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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 (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 397A00040206

ARTICLES OF INCORPORATION

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: L&A ENTRERPRISE CENTER PROPERTY.

97 AUG -8 PH 3: 46
SECRETARY OF STATE ALLAHASSEE FEORIDA

ARTICLE II PRINCIPAL OFFICE

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

8357 W Flagler st. suite 238 Miami, Florida 33144

ARTICLE III SHARES

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

500 (five hundred) Shares, \$1.00 per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ABOLFO QUIRCE 8524 N.W. 8 ST. # 102 MIAMI, FL. 33126

ARTICLE V INCORPORATOR(S)

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

Adolfo Quirce 8524 N.W. 8 st.#102 Miami Florida 33126

ARTICLE VI DIRECTOR(S)

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

PRESIDENT/SECRETARY:

Adolfo Quirce

852**%** N.W. 8 st. #102 Miami Florida. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6 th. day of August 19 97.

Signature Signature

Signature

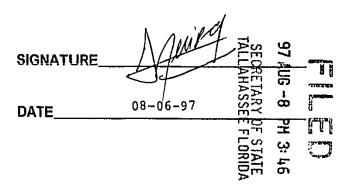
Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION 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.

The name of the corporation is: L	& A ENTERPRISE CENTER INC.
The name and address of the regi	stered agent and office is:
ABOLFO PUIRO	: E.
(NA	AME)
8524 N.W. 8 S (P.O. BOX NO	T. # 102
(P.O. BOX <u>NO</u>	T ACCEPTABLE)
Miami Florida 33126	,
(CITY/S	TATE/ZIP)

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.



REGISTERED AGENT FILING FEE: \$35.00