

81009

LEZAR'S CORPORATE ADMINISTRATORS, INC.
 Requestor's Name
 90 S.W. 87 AVENUE, SUITE 16
 Address
 MIAMI, FLORIDA 33174 (305)552-5973
 City/State/Zip Phone #
 LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. STATEWIDE FUNDING, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

300002296743--1
 -09/18/97--01047--033
 ****122.50 ****122.50

- ☒ Walk in
 ☒ Pick up time 2.00
 ☒ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/ Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 97 SEP 18 PM 1:27
 RECEIVED
 97 SEP 18 AM 10:52
 DIVISION OF CORPORATION

9/18

Examiner's Initials	
---------------------	--

FILED
97 SEP 18 PM 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

STATEWIDE FUNDING, INC.

ARTICLE II PRINCIPAL OFFICE

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

7270 N.W 12th STREET, SUITE #560
MIAMI, FL. 33126

ARTICLE III SHARES

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

100 SHARES OF COMMON STOCK WITH A VALUE OF \$1.= PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CESAR ALVAREZ
7270 N.W 12th STREET, SUITE #560
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):

CESAR ALVAREZ
7270 N.W. 12th STREET, #560
MIAMI, FL. 33126

ARTICLE VI DIRECTOR(S)


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

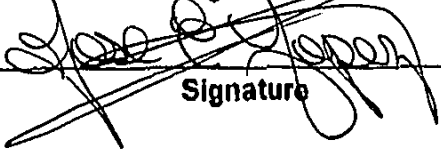
CESAR ALVAREZ (President)
7270 N.W 12th St., #560
Miami, Fl. 33126

^{E.}
JOSE LOPEZ (Secretary)
7270 N.W 12th St., #560
Miami, Fl. 33126

ERNESTO E. ALVARADO (Vice-President)
7270 N.W 12th St., #560
Miami, Fl. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19____.



Signature


Signature

Signature

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.

1. The name of the corporation is: STATEWIDE FUNDING, INC.
2. The name and address of the registered agent and office is:
CESAR ALVAREZ
(NAME)
7270 N.W. 12th STREET, SUITE #560
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL. 33126
(CITY/STATE/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.

SIGNATURE 

DATE _____

07 SEP 18 PM 1:27
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00