P97 DISMITALLETTER OSTOS

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

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31.	I DATE	ГA	. 1 2

LEADOSE CORPORATE NAME - MUST Include Suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

	\$70	00.0
Fil	ino	Fee

\$78.75

Filing Fee

& Certificate

EVA CAPPATTA

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>Ev A</u>	Name (Printed or typed)		
5/19	ANDREA BIVA. Address	97.SE DIVIJION TALLA	
Of IR	Ndo , 7/, 32807 City, State & Zip	SEP 19 AH Jih Garagas AHASSEE, F	
CATON GAVE) 273-2086 Daytime Telephone number	H IO: 47 JAATIONS FLORIDA	Ö
- August TO			

AUTHORIZATION BY PHONE TO

CORRECT

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MUARD Wag OF ORLANDS, Inc.

PRINCIPAL OFFICE

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

5/19 ANDREA Blud. OR1. 71- 32807

SHARES

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

DNE-hundred ShARES

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

EUA CAPPETTA 5119 ANGREA Blud. OR1-71. 32807

INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

EVA CAPPETTA 5/19 ANDREA Blud OR1- 71. 32807

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

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/Registered Agent

9-17-97 Date