TRANSMITTAL LETTER

FILED - CRETARY OF STATE USION OF CORPORATION

97 SEP 29 AM 8: 21

## P97000084634

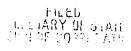
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Octaviari Supplies incorporated.

Octaviari (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **□** \$131.25 **\$122.50** \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED Name (Printed or typed) 8015 S.w. 132 G.
Address (305) 386-8245.

Daytime Telephone number

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



## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:
Octavian Szepphes inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
8015 S.W. 133 G. Mia. Hr. 515183
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:  Kenneth Abott TC 8015 5 00 133 Ct. Mic. 41. 33183
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Kenneth Nbboth
8015 Sw 1854
(Ma. 46. 32183
126/97
Signature Incorporator Date

(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 Pate