# 798000002030

## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 900002392309—8 -01/07/98--01042-005 \*\*\*\*\*\*78.75

SUBJECT: EMI.	LE MILLWORKS CORP	ORATION
(Pr	oposed corporate name - must include suffix)	
Enclosed is an original a for:  \$70.00  Filing Fee	\$78.75 \$122.50 \$131.25  Filing Fee & Certificate & Certified Copy & Certificate	a check
FROM:	EMILE LACHANCE  Name (printed or typed)  1401 N. 12 <sup>TH</sup> CT. #7A	98 13: 14: 14: 14: 15: 14: 14: 14: 14: 14: 14: 14: 14: 14: 14
	Address  HOLLYWOOD, [2, 33019  City, State & Zip  954) 973 - 2707  Daytime Telephone number	CHETARY OF STATE ON OF SHAPE ORATIO JAN -7 PM 3: 12
		- 1 ×

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

P 1-8-98

### **ARTICLES OF INCORPORATION**

<u>OF</u>

EMILE MILLNORKS CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of

#### **ARTICLE I NAME**

The name of the corporation shall be:

EMILE MILLWORKS CORPORATION

The principal place of business of this corporation shall be:

1401 N. 17TH CT. # 7A
HOLZYWOOD, 1-2. 33019
ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ 100 PER

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their sucessor(s) is (are) elected, is(are):

EMILE LACHANCE 1401 N. 12TH CT # 7A 1401LY WOOD, FL. 33019

#### **ARTICLES VI INCORPORATOR(S)**

The name(s) and street ad incorporation is(are):	dress(es) of the Incorporator(s) to these articles of
EMILE LACI	OT # 14
HOLLY WOOD,	12. 33019
BN WITHERO WILEDERS II	
Articles of Incorporation this	dersigned incorporator(s) has have executed these day of, 19, 19
	Signature(s) of Incorporator(s)  Lember Fucheere
COUNTY OF BROW	GARD
	s acknowledged and sworn to before me this
	(Name of Incorporator)  WORKS CORPORATION  (Name of Corporation)
NOTARY PUBLIC - STATE OF FLOREDA F MASTROVITO COMMISSION # CC809563 EXPIRES 12-22-2000	Notary Public
SEAL)	My Commission Expires: 17/77/2000

## CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: EMILE MILLWORKS
	CORPORATION
2.	The name and address of the registered agent and office is:
	1401 N. 17TH CT #7A
	(P. O. BOX NOT ACCEPTABLE)  14062/NOOD, FL 33019
	(CITY/STATE/ZIP) SIGNATURE Line hulles
	SIGNATURE (Corporate Officer)
	TITLE PRES.
	DATE 13/12/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Line 6 7	achier.
(Registered Ag	jent)
DATE 13/12/9	7