# P98000019660

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

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Enclo for :	sed is an origina  \$70.00  Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a		ck
	FROM:	Micha Name 3726 F	(printed or typed)  152 Prive  Address	116 32810	LIKE AND DE STATE LANASSEE, FLORIDA	98 FEB 27 PM 12: 45	
			y, State & Zip 339 243				

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

Daytime Telephone number



#### ARTICLES OF INCORPORATION

#### ARTICLE I NAME

CORFER 27 PAID: 1.

The name of the corporation shall be:

#### **LLMR** Incorporated

#### ARTICLE 11 PRINCIPAL OFFICE

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

7800 South Highway 17-92 Ste 144 Fern Park, FL 32730

#### ARTICLE III SHARES

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

100 SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Michael G. Roubique 8726 Pisa 716
Orlando, FL 32810 (407)475-1045

#### ARTICLE V INCORPORATOR(S)

#### See instructions for officers/directors

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

Michael G. Roubique Lawrence Lieberman

The undersigned incorporator(s)	has(have)	executed	these	Articles	of
Incorporation this					

<u>26th</u> day of <u>FEBUARY</u>, 19<u>98</u>.

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

Signature

Signature

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	LLMR Incorporated		
			98 FU	
2.	The name and address of the register	ered agent and office is:	B27 P	
	Michae	C/ G. ROUBIOUE (NAME)	HIZ: 45 E. FLORI	
	7800 E	5. Hwy 17/92 or Mail Drop Box NOT ACCEPTABLE)	57E744	
	FERN	PARK FL 32 (CITY/STATE/ZIP)	<u>730</u>	

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)