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

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SUBJECT:

A. B. VAZQUEZ, INC.

(Proposed corporate name - must include suffix)

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

___ \$70.00 Filing Fee X \$78.75

Filing Fee

& Certificate of Status

Money order # 02-126546379

\$78.75

Filing Fee & Certified Copy

____\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Ariel Benjamin Vazquez		2
	Name (Printed or typed)	9 OC.	700
	920 Southwest 6th Street, # 323 Address	1 26 F	12. C
	Gainesville, FL 32601 City, State & Zip	PM 1:34	FSTATE
	352-372-9166 Daytime Telephone number	<u> </u>	25. 25. 26.

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

10,25

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the corporation shall be:

A.B. VAZQUEZ, INC.

PRINCIPAL OFFICE ARTICLE II

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

920 Southwest 6th Street, # 323, Gainesville, Florida 32601

SHARES ARTICLE III

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

10 (TEN)

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ariel Benjamin Vazquez 14301 Southwest 99th Avenue, Miami, Florida 33176

INCORPORATOR ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

Ariel Benjamin Vazquez

14301 Southwest 99th Avenue, Miami, Florida 33176

(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