## TRANSMITTAL LETTER

## P98000091939

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 000002674090---2 -10/28/98--01032--013 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:	Goncalvas	ART WORK INC.	
	(Propo	osed corporate name - must include suffix)	· ****

<b></b>	
Enclosed is an original and one(1) copy of the articles of incorporation	
PRCINCES 10 90 Official and anal 13 constrat the articles of the company of	
Enclosed to an Original and Original Litting Of the Strictes of Inchity its inc	IN ANA A CHECK TAP
The state of the s	

\$70.00 Filing Fee

\$78.75

Filing Fee & Certificate \$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)	
3460 Banks Rd Apt 204 Address	DIVISION 98 OCT
Mograte El 22002	유 목글

City, State & Zip

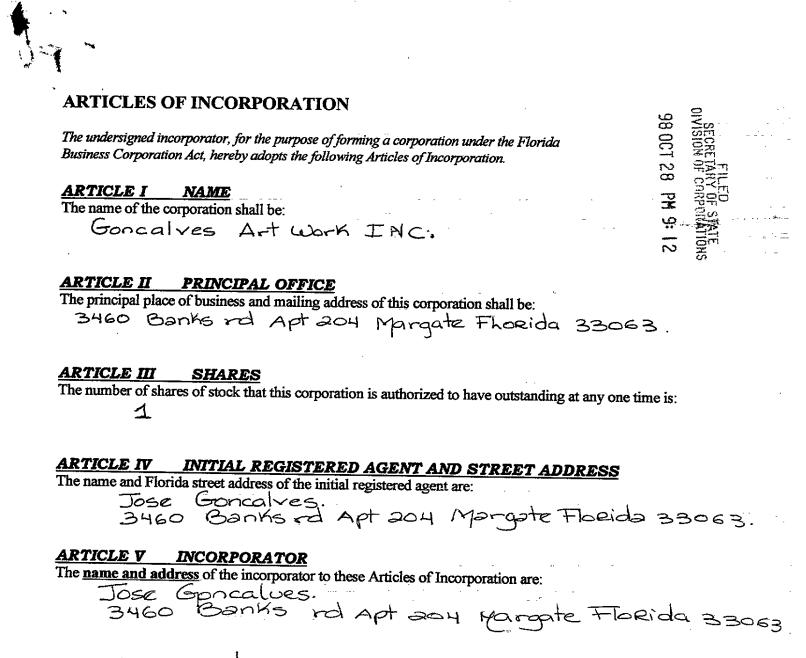
954 972 9563

Daytime Telephone number

SECRETARY OF STATE IVISION OF CORPORATIONS

B. BROCK OCT 2 9 19981

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



(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

10-14-98. Bate