P99000009392

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

100002756501--8 -01/27/99--01065--015 *****78.75 ******78.75

Photo Yo Services Co. (Proposed corporate name - must include suffix)					
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the articl \$78.75 Filing Fee & Certificate	les of incorporation and a c \$122.50 Filing Fee & Certified Copy	heck for : \$131 Filing F Certifie & Certi	ee, d Copy	
FROM:	MARIA N. N	ADDITIONAL COL	PY REQU	IRED	
FROM.	Name (Printed or typed) P. O. Box 12 6424		SE TAL	}	
	Address HIAIEAH, FL. 33012. City, State & Zip 305) 276 4767 (305) 774 1878		99 JAN 27 PH 4: 49 SECRETARY OF STATE NLLAHASSEE, FLORIDA	5	
		Telephone number		OA PO	

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

articles. - 1/29/97

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Photo YO Services Co.

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SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

MAILING ADDRESS: P. O. Box 126424

STREET ADDRESS: 142 SW 29 Ave

Hialeah, FL 33012

Miami, Fl 33135

ARTICLE III SHARES

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

100 at \$ 1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Isabel Maria Sierra 3034 OAK Ave. # 12 COCONUT GROVE FL 33133

ARTICLE V INCORPORATOR

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

Maria de las Nieves Noin 142 SW 29 Ave MIAMI FL 33135

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.

Sigature/Registered Agent

O1 25 99 JAN 27 PH 4: 50

Date

TALLARY OF STATE FLORID.