

TRANSMITTAL LETTER

P99000023290

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

SUBJECT: HERZCO Associates INC
 (Proposed corporate name - must include suffix)

400002797654--3
 -03/08/99--01102--001
 ****210.00 *****70.00

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

☐ \$70.00
 Filing Fee

☐ \$78.75
 Filing Fee
 & Certificate of Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

#1522

FROM: Julio Escobar
 Name (Printed or typed)

6116 Brook green ave
 Address

ORlando Fla 32809
 City, State & Zip

(407) 808-0415
 Daytime Telephone number

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

99 MAR -8 AM 8:07

FILED

SHARON

MAR 15 1999

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

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:

HERZCO Associate, INC.

ARTICLE II PRINCIPAL OFFICE

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

6116 Brookgreen ave. Orlando Fla. 32809.

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Julio Escobar

6116 Brookgreen ave

Orlando Fla 32809

ARTICLE V INCORPORATOR

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

Julio Escobar

6116 Brookgreen ave

Orlando Fla 32809.

2/16/99

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

Signature/Registered Agent

Date