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

-03/22/99--01087---013 \*\*\*\*\*78.75 \*\*\*\*\*78.75

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

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate of Status

**\$78.75** 

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MAXINE J. WLOD

1839 MIDDLE KIVER

954-917-3608 Daytime Telephone number

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

## PARTICLES OF INCORPORATION

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

Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  1461 S.W. 30th AVE. #10  RMPANO, FLORIDA 33069
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
200
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:  MAXINE J. WLODY  1461.SW.30th Ave #10  FOMPANO, FLORIDA 33069
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:  MAXINE J. WLODY  1461 S.W. 30th Ave # 10  TOMPANO, FLORIDA 33069.
Signature/incorporator  3/15/99  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