Department of State P. O. Box 6327

Division of Corporations Tallahassee, FL 32314 300002820163 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$78.75 \$87.50 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

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

ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE II

ARTICLE III

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

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

PRINCIPAL OFFICE

FCORIDA

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

142 CARWAU BUR

HOLLY HILL, FL 32117

1000 SHARRS

,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
The hame and Provide street address of the minual registered again are.
ALMED 6 STOLD SE S
142 PARS WALL PUT 32H2
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Alfred G. Stola
Alfred G. Stoia 142 CARSWELL AVE HOLLY HIFL, FL 32117
142 CARSWELL 13
HOLLY HILLS FL 32117
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1/1/1/1/1/19
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 thi
certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th
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
(M) & MO
Signature/Registered Agent Date

COCCISION CENTER