NSMITTAL LETTER 300002841923-Department of State -9 -04/16/99--01046--020 **Division of Corporations** *****87.50 ****87.50 P. O. Box 6327 Tallahassee, FL 32314 DALY TRAINING SCHOOL INC. (Proposed corporate name - must include suffix) SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **3**/\$87.50 **\$78.75** \$78.75 \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status. ADDITIONAL COPY REQUIRED JOSE FROM: Name (Printed or typed) 12540Sw 775 Address MIAMI FL 33183 City, State & Zip

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<u>305-275 -1047</u> Daytime Telephone number



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

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

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The name of the corporation shall be:

DALY TRAINING SCHOOL INC.

ARTICLE II PRINCIPAL OFFICE

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

125405W 77 ST MIAMI FL 33183

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

JOSE DALY

JOSE

12540SW 778+ MIANI FL 33183

12540Sw 77st

MIAMI FL 33183

ARTICLE V **INCORPORATOR**

DALY

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

Signature/Incorporator

99 APR 16 AM 10: 27

(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

<u>H-(H-99</u> Date