P9900036362

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

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SUBJEC	T: Sw	eep-Estate	Inc.		
	'J,		(Proposed corpor	rate name - must include su	ffix)
. [is an origina I \$70.00 iling Fee	and one(1) cop \$\bigseleq \\$78.75 Filing Fee & Certificate of		s of incorporation and a curve \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	FROM:	Joseph (Castrenze :	ADDITIONAL CO	PY REQUIRED
= 		Name (Printed or typed)			

Name (Printed or typed)

1444 N.W. 208th Way

Address

Pembroke Pines, Florida 33029

City, State & Zip

(954) 356-7241 Ext. 117

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

Daytime Telephone number

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:

Sweep-Estate Inc.

ARTICLE II PRINCIPAL OFFICE

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

1444 N.W. 208th Way Pembroke Pines, Florida 33029 99 APR 19 PM 2: 15 SECRETART OF STATE TALLAHASSEE, FLORID

ARTICLE III SHARES

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

One Hundred Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joseph Castrenze Jr. 1444 N.W. 208th Way

Pembroke Pines, Florida 33029

ARTICLE V INCORPORATOR

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

Joseph Castrenze Jr. 1444 N.W. 208th Way

Pembroke Pines, Florida 33029

Joseph Castreng fr.
Signature/Incorporator

01-01-1999

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 obligations of my position as registered agent

Signature/Registered Agent

01-01-1999

Date