TRANSMITTAL LETTER POPULO 19910

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

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SYLVIA'S GARDEN AND PATIO INC.

(Proposed corporate name - must include suffix)

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:	SYLVIA ALCARAZ	
	Name (Printed or typed)	NTLANA SECRET SECRET
	15907 KINGSMOOR WAY	MAY I
	Address	TARY ASSE
	MIAMI LAKES FLORIDA 33014	EFECT ST
	City, State & Zip	TATE ORNDA
	•	> 6
	305-821-0700	

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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.

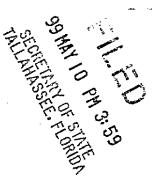
ARTICLE I NAME

The name of the corporation shall be:

SYLVIA'S GARDEN AND PATIO INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 15907 KINGSMOOR WAY MIAMI LAKES FLORIDA 33014



<u>ARTICLE III SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: SYLVIA ALCARAZ 15907 KINGSMOOR WAY MIAMI LAKES FLORIDA 33014

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

SYLVIA ALCARAZ 15907 KINGSMOOR WAY MIAMI LAKES FLORIDA 33014

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MMaNlonas	4-30-98	
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 oblightions of my position as registered agent

Signature/Registered Agent)

Date