TRANSMITTAL LETTER

P99000051520

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

400002893964--9 -06/03/99--01054--006 ******78.75 ******78.75

SUBJECT: Laurie Sauceda + associates Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) cop	y of the articles of incor	poration and a check for :
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\$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: Laurie Greger	_	
Name (Printed or typed)		
8170 Spearfish Ave	_	_ :-
Address		
Orlando, FL 32822 City, State & Zip		
City, State & Zip	SE SE	
407 - 592 -3339	- E E E E E E E E E E E E E E E E E E E	È∏
Daytime Telephone number	_ <u></u>	
GAVE	REP.	_ ``

Saule GAVE
CORRECT OF THE
DATE 6/8/99

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 II PRINCIPAL OFFICE The principal place of business and mailing address of this area of the second	s corporation shall be:	·
ARTICLE III SHARES The number of shares of stock that this corporation is auth	orized to have outstanding at any one tim	, le is:
100 shares	n	ယ် က
ARTICLE IV INITIAL REGISTERED AGE	VT AND STREET ADDRESS	
The name and Florida street address of the initial registere	d agent are:	(1)
Lourie Greger 8170 Spec	irtish Ave #3	3 M
orlando FL 32822	T S	
ARTICLE V INCORPORATOR	ORI	
The <u>name and address</u> of the incorporator to these Article	es of Incorporation are:	,
	eartish Ave	
Laurie Greger 8170 ST	· — · · · · ·	-
a lango LT sasaa		
Daurie Hrogen	5/22/99	
Signature/Incorporator ⁱ	Date	

The name of the corporation shall be: Laurie Saweda + associates Inc.

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of pro	rocess for the above stated corporation at the place designated in th	,ic
certificate, I hereby accept the appointment as registered agent and	nd agree to act in this capacity. I further agree to comply with the	he.
provisions of all statutes relating to the proper and complete pe	performance of my duties, and I am familiar with and accept the	he
obligations of my position as registered agent	1_ 1	
Lang Logar	5/22/00	
CAULUV ST VEST	0100199	
Signature/Registered Agent		