P99000056708

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

,	(Floposed corp.	orate name - must include suff	TAS I	n	
Enclosed is an original and o	ne(1) copy of the articl	es of incorporation and a c	ECRETARY OLLAHASSEE	99 JUN 23 AM 9	
□ \$70.00 □ \$7 Filing Fee Filing	8.75	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	3: 50	

300002912853-

Daytime Telephone number

City, plate of zip

BETTER BUSINESS SERVICES INC.

33801-2222

1515 E MINORIAL BLVD

TOM DALEY 941-682-0141

LAKELAND, PL

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

ARTICLES OF INCORPORATION

THE STATE OF FLORIDA)
COUNTY OF POLK) KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, natural person(s) of the age of at least eighteen (18) years, acting as Incorporator(s) of a Corporation under the Florida Business Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation, to wit:

ARTICLE I

The name of this corporation is PLATA CORP.

ARTICLE II

The period of duration of this corporation shall be perpetual.

ARTICLE III

The purposes for which this Corporation is organized include all legal purposes for which a Corporation may be organized in Florida.

ARTICLE IV

The aggregate number of shares which the corporation shall have the authority to issue is 10,000 shares. The shares shall have a par value of \$ 1.00.

ARTICLE V

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of \$ 1,000.00.

ARTICLE VI

The street address of the registered office, and principal office of the Corporation is 219 Bomber Rd, Winter Haven, Florida 33880, and the name of the registered agent at said address is Miguel Cruz.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Registered Agent

ARTICLE VII

The number of directors constituting the initial Board of Directors of this corporation is one and the name and address of the person(s) who is to serve as director(s) until the first annual meeting of the shareholders, or until their successors are elected and qualified, is as follows:

NAME

ADDRESS

Miquel Cruz

2010 Ave D S W Winter Haven, Florida 33880-2544

The name and address of the incorporator(s) is as follows:

NAME

ADDRESS

Miguel Cruz

-2010 Ave D S W Winter Haven, Florida 33880-2544

WITNESS OUR HANDS this the June 17, 1999

Miquel Cruz

Incorporator

Incorporator

THE STATE OF COUNTY OF

Before me, the undersigned authority, on this day personally appeared Miguel Cruz, known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument and, being by me first duly sworn severally declares that they are the person(s) who signed the foregoing document as incorporator(s) and that the statements contained therein are true.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this

Notary Public

TOSHIKO THREATT MY COMMISSION # CC 681404 EXPIRES: September 17, 2001

Bonded Thru Notary Public Underwriters