

CORPO	PRATION(S) NAME							
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Certified Copy () Call When Ready	() Photo Copi	em	()	After 4:30	Inder Seal ATL Mail Out	112:06	*	Free: 1-800-432-3028
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Acknowledgment

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under Corporation Act, hereby adopt(s) the following Articles of Incorporation.					r the Flo	rida I 99 JUL	Business
•					ARY SSE	L	PRECER
,		ARTICLE I	NAME		<u> </u>	₽.	2 3
The name of the corpo	oration shall be:		:		108 11.08	$\overline{\Sigma}$	J
Lou	Augustin	, Inc	- ,	·	AIDA	90	

ARTICLE II PRINCIPAL OFFICE

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

11011 NW 17th Manor Coral Springs, FL 33071

ARTICLE III SHARES

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

100 shares o'l par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Jean Elie Augustin 11011 NW 17th Manor Coral Springs, FL 33011

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jean Elie Augustin, Director, Pres, Vice Pres, secretary 11011 NW 17th Manor Coral Springs, FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

| 13 | day of | July | , 19 | 99 | ...
| Signature | Signatur

designation of officers.

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Lou Augustin, Inc	_
2.	The name and address of the regis	tered agent and office is:	
	Jean S	ie Aliquistin	
	11011 NU	DIX OF MAIL Drop BOX NOT ACCEPTABLE)	
	Coval Spr	IMS FL 32071 CITY/STATE/ZIP)	

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.

Seldemel (SIGNATURE) (DATE) FLORIDA