POPOLOGIA LETTER CO 3

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

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Enclosed is an origina for:	al and one (1) co	py of the articles	of incorporation	and a check		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required			
FROM:	<u>ALICÍA</u> Name (C · Jovos printed or typed)		I		
	4930 W	HACERS Address	WAY	99 JUL	30	
OR LAWDO, FC 32822 SS 27 City, State & Zip						
· •	<u>407 —</u> Daytime T	487 - 587 Telephone number	4	8: 01 STATE FLORIDA		

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



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

•	ARTICLE I NAME be: MANAGEMENT	CIEAHING SERVICE
The principal place of business and	TCLE II PRINCIPAL OFFICE mailing address of this corporation	
4920 WHALERS OR LANDO, FL	32822·	M 8: 01

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $\rho \mathcal{N} \mathcal{E}$

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

JOSE A. FERNANDEZ 1465 S. PRIMROSE DR ORLANDO, PL 32806.

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):

ALICIA C. FORRES. 4900 WHALERS WAY ORLANDO, FL 32822.

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

alicia e. Lorrez.

Signature

Signature

Signature

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

CERTIFICATE OF DESIGNÁTION 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:	PROFI	FES10	NAC	MANA	9EMEN	1
	g and the second	CLEA	WING	SE	RVIC	ES IN	<u>C</u> :
2.	The name and address of the regis	tered agent ar	nd office is:	:		12 SE	n
	JOSE	FER	MAN	DE	2	LANGE PARTY	
	14655.	(NA			, <u> </u>	SEE F	
	(P.O. Bo	x or Mail Drop I	Box NOT AC	CEPTABLE)	DR_	STATE LOKID	
	DRLA	UDO	F/	3つく	20/	P (_*

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 recating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(CITY/STATE/ZIP)

Mol Julia 1/3/99
(SIGNATURE) (DATE)