# 79900088270

TRANSMITTAL LETTER

400002973984--0 -08/30/99--01122-013 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

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

SUBJECT: INCORPORATION REQUEST

I enclose an original and ONT copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ 70.5

From: LUIS PARDO DE FIGUEROA

Name

3621 TUALE RUN BlvD. \$\frac{4}{1023}\$

Address

CORAL SPRINGS, FL 33067

City State Zip

1954, 757-6084

Telephone Number

99 SEP 17 AM 11:51
SECRE PARY OF STATE
SECRE PARY OF STATE

W99-20458



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 2, 1999

LUIS PARDO DE FIGUEROA 3621 TURTLE RUN BLVD, #1023 CORAL SPRINGS, FL 33067

SUBJECT: MASTER PAVERS, INC.

Ref. Number: W99000020458

We have received your document for MASTER PAVERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 499A00043935



September 9, 1999

LUIS PARDO DE FIGUEROA 3621 TURTLE RUN BLVD, #1023 CORAL SPRINGS, FL 33067

SUBJECT: MASTER PAVERS OF FLORIDA INC.

Ref. Number: W99000020458

We have received your document for MASTER PAVERS OF FLORIDA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 199A00044592

ALCONOMICS CONTRACTOR OF THE STATE OF THE ST

### ARTICLES OF INCORPORATION

OF

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# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
LUIS PARDO DE FIGUEROA
3621 TURSTE RUN Blue. # 1023
CORAL SPRINGS, FL 33067
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:  LUIS PARDO DE FIGUEROA
3621 TURTLE RUN Blub # 1023
CORAL SPRINGS; FL 33067
•
•
this <u>September</u> day of <u>15 September</u> 19 79.
dinoParabole D., Incorporator

#### CERTIFICATE OF DESIGNATION

## 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 Pav	ers .	Inc	, •	
2. The	name and add	ress of the	registere	i agent	and	
office is: 3	621 Tur	The Ru	i Blue	]. #	1023	
Coral	- 5pn	ings	Flic	<u>330</u>	67.	
LUIS	PAR	DO D	E FI	GUE	COA.	
					-	. , .
		J. F	•		99 SE SECRI TALLA	
Signature:	PRESID	ENT.			SEP 17  CRETARY LAHASSEI	
Date: 9-1				<del></del>	MINISTREE, FLOR	Ö
2400 <u> </u>	<del></del>				RIDA RIDA	

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.

OBLIGATIONS OF THE PARTY OF THE

Date: 9-15-99.