

P99000092079

TRANSMITTAL LETTER

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

800003015468--8
-10/15/99--01013--006
*****78.75 *****78.75

Subject: FIGUERAS Consultants & Associates, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

() \$70.00
Filing Fee

(X) \$78.75
Filing Fee
& Certificate

() \$122.50
Filing Fee
& Certified Copy

() \$131.25
Filing Fee
Certified Copy
& Certificate

FROM: MICHAEL J. FIGUERAS

8419 NW 189 ST. RD.

Address

HIALEAH, FL 33015

City, State & Zip

305-829-0150

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 15 AM 10:14

FILED

Michael J. Figueras GAVE
AUTHORIZATION BY PHONE TO
CORRECT NAME
DATE 10/20/99
DOC. EXAM TB

T. Burch OCT 20 1999

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 I NAME

The name of the corporation shall be:

FIGUERAS CONSULTANTS & ASSOCIATES, INC.

ARTICLE II PRINCIPLE OFFICE

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

8419 NW 189 ST. RD., HIALEAH, FL 33015

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**MICHAEL J. FIGUERAS
8419 NW 189 ST. RD.
HIALEAH, FL 33015**

ARTICLE V INCORPORATORS

The name and address of the incorporator to these Articles of Incorporation are:

**MICHAEL J. FIGUERAS
8419 NW 189 ST. RD.
HIALEAH, FL 33015**


Signature/Incorporator

10/9/99
Date

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

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


Signature/Registered Agent

10/9/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA