TRANSMITTAL LETTER

P99000095110

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

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SUBJECT:

ESTEVEZ SUPPLY, 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

\$78.75 Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROBERT ESTEVEZ

Name (Printed or typed)

9081 N.W. 15th STREET

Address

PLANTATION, FLORIDA 33322

City, State & Zip

954-424-9019

Daytime Telephone number

F. CHIESEEN OCT 2 7 1999

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

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.

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

ESTEVEZ SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

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

9081 N.W. 15th STREET PLANTATION, FLORIDA 33322

ARTICLE III SHARES

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

1,000 SHARES AT \$10.00 EACH = \$ 10,000.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROBERT ESTEVEZ

9081 N.W. 15th STREET, PLANTATION, FLORIDA 33322

ARTICLE V INCORPORATOR

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

ROBERT ESTEVEZ, PRES. 50% of the total shares MICHELE ESTEVEZ, VICE-PRES. 50% of the total shares 9081 N.W. 15TH STREET, PLANTATION, FL. 33322

Signature/Incorporator

(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 the position as registered agent

Signature/Registered Agent

Dote