

P000000 40952

TRANSMITAL LETTER

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

800003216868-6  
-04/20/00-01084-012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SUSANA QUIRCH, INC.  
(proposed corporated name)

FILED  
00 APR 20 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$78.75.

FROM: SUSANA QUIRCH  
Name (printed or typed)  
8901 SW 142<sup>ND</sup>. APT. # 616  
Address  
MIAMI, FL 33186  
City, State & Zip

Note: Please provide the original and one copy of the Articles.

**ARTICLES OF INCORPORATION**

**OF**

**SUSANA QUIRCH, INC.**

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**

The name of the corporation shall be:

**SUSANA QUIRCH, INC.**

FILED  
00 APR 20 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

**8901 SW 142<sup>ND</sup>. AVE APT. # 616  
MIAMI, FL. 33186.**

**ARTICLE III SHARES**

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

**ONE HUNDRED SHARE OF COMMON STOCK AT NON PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**SUSANA QUIRCH  
8901 SW 142<sup>ND</sup>. AVE APT. # 616  
MIAMI, FL. 33186**



**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:

SUSANA QUIRCH, INC.

2. The name and address of the registered agent and office is:

SUSANA QUIRCH

(NAME)

8901 SW 142<sup>ND</sup>. AVE APT # 616

(ADDRESS)

MIAMI, FL. 33186

(CITY/STATE/ZIP CODE)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 20 PM 3: 18

FILED

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.

*Susana Quirch*

Signature

4-17-00

Date

BEFORE ME, the undersigned authority, this day personally appeared SUSANA QUIRCH ("Registered Agent"), at MIAMI County of DADE, State of FLORIDA, who is personally known to me and who did, who after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein. WITNESS my hand and official seal this 17<sup>th</sup> day of April 2000.



Margarita Araujo  
Commission # CC 920169  
Expires March 20, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

*[Signature]*  
Notary Public  
State of Florida