

Charter Number Only

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VALIDATION ONLY

Requester's Name

Address

City State ZIP Phone

MR

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*****78.75 *****78.75

CORPORATION(S) NAME

8390 West Flagler 212, 213 Ave.

01 JAN 17 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA
01
DIVISION OF REGISTRATION
-3 AM 9 06

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
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Handwritten notes and signatures: "Cert Copy", "R.A. Sec", "R.A. Sec"



Empire Toll Free: 1-800-432-3028

305 388 5654



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 3, 2001

EMPIRE

MIAMI, FL

SUBJECT: 8390 WEST FLAGLER 212, 213 INC.
Ref. Number: W01000000161

We have received your document for 8390 WEST FLAGLER 212, 213 INC.. However, the document has not been filed and is being returned for the following:

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 001A00000312

RECEIVED
JAN 17 AM 9:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
01 JAN 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Articles of Incorporation
of
8390 West Flagler 212,213 Inc.**

**I.
8390 West Flagler 212,213 Inc.**

The name of the Corporation is **8390 West Flagler 212,213 Inc.**, hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation is 8855 SW 27 ST, Miami, Fl 33165. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is Roberto Curbelo, 8855 SW 27 ST Miami, Florida 33165.

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Initial Business**

The initial business of the Corporation shall be: Commercial Investors

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 500, each share to have a par value of \$1.

VII.
Incorporators

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
Roberto Curbelo	8855 SW 27 St Miami, Fl 33165
Luis Aparacio	8855 SW 27 St Miami, Fl 33165
Wilfredo Garcia	8855 SW 27 St Miami, Fl 33165

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: three. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
Roberto Curbelo	8855 SW 27 St Miami, Fl 33165
Luis Aparacio	8855 SW 27 St Miami, Fl 33165
Wilfredo Garcia	8855 SW 27 St Miami, Fl 33165

IX.

No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X.

Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI.

Fiscal Year

The fiscal year of the Corporation shall be from December to December of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 27
day of December, 2009.

[Signature]

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.



REGISTERED AGENT

State of Florida

County of Dade

BEFORE ME, the undersigned authority, on this day personally appeared Roberto Curbelo, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 19____.

Notary Public in and for the
State of _____

My Commission Expires:

State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 19____.

Notary Public in and for the
State of _____

My Commission Expires:

State of Florida

County of Dade

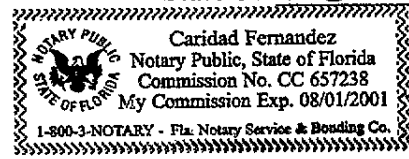
BEFORE ME, the undersigned authority, on this day personally appeared Roberto Cumbelo, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 27 day of December, 2000.

[Handwritten Signature]

Notary Public in and for the State of Florida

My Commission Expires:



State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 19_____.

Notary Public in and for the State of _____

My Commission Expires:

FILED
01 JAN 17 PM 12:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA