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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
almi projects corporation

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: **ALMI PROJECTS CORPORATION**

ARTICLE II PRINCIPAL OFFICE
Principal street address: 200 BISCAYNE BOULEVARD WAY
SUITE 705
MIAMI, FLORIDA 33131
Mailing address, if different is: 200 BISCAYNE BOULEVARD WAY
SUITE 705
MIAMI, FLORIDA 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: ANGELA M. BEYRUTI ESPINOSA Name and Title: _____
Address: DIRECTOR - PRESIDENT Address: _____
200 BISCAYNE BLVD. WAY #705
MIAMI, FLORIDA 33131
Name and Title: JESUS A. DEL PALACIO ROBLES Name and Title: _____
Address: DIRECTOR-SECRETARY-TREASURER Address: _____
200 BISCAYNE BLVD. WAY #705
MIAMI, FLORIDA 33131
Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: INAKI SAIZARBITORIA, ESQ.
Address: 21 S.W. 15 ROAD SUITE 200
MIAMI, FLORIDA 33129

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: ANGELA M. BEYRUTI ESPINOSA
Address: 200 BISCAYNE BLVD. WAY #705
MIAMI, FLORIDA 33131

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Inaki Saizarbitoria _____
Required Signature/Registered Agent Date: 1-24-11

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Angela M. Beyruti Espinosa _____
Required Signature/Incorporator Date: 1-29-11

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