Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335
Phone: (305)599-0839
Fax Number: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

MIAMI CONCIERGE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
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December 1	

B. McKnigh: JUL 1 5 1999

SECRETARY OF STATE OF STATE OF CORPORATIONS

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ARTICLES OF INCORPORATION

of

MIAMI CONCIERGE, INC.

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: Miami Concierge, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: %Alman, 17290 N.E. 19th Avenue, North Miami Beach, FL 33162

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares of common stock, at \$1 par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Martin H. Alman 17290 N.E. 19th Avenue, North Miami Beach, FL 33162

ARTICLE V - DIRECTOR(S)

The name(s) of the director(s) is(are): Deborah Barrett Daniel , Pres. 10 shares Samantha Sanchez, Sec. 10 shares

ARTICLE VI - INCORPORATOR

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

Martin H. Alman, 17290 N.E. 19th Avenue, North Miami Beach, FL
33162

The undersigned has executed these Articles of Incorporation thus 14 day of

July 1999.

Prepared by: Martin Alman 17290 NE 19 Ave. No. Miami Beach, FL 305-944-5353

Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 517.0501, 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:	MIAMI CONCIERGE, INC.	_
4		
_		
2. The name and address of the regis	stered agent and office is:	
	-	g ≤s
Wawkin W	. Alman C	SIOR
Martin H	. Alman	= <u>-</u>
	(Name)	; <u>FR</u>
17290 N.	E. 19th Avenue	? 220 220 200
	Box not acceptable)	ST ST
North Mi	E. 19th Avenue Box not acceptable) ami Beach, FL 33162	ED Y OF STATE ORPORATIONS
	(City/State/Zip)	S

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.

Market Signatule) 7 14 1999
(Signatule) (Date)