Division of Corporations

Page 1 of 2

P99000075435

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000021196 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: 119990000017
Phone: (305)385-1120
Fax Number: (305)559-7477

99 AUG 24 PM 1: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

COLPERU, CORP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

H99000021196 3

ARTICLES OF INCORPORATION

OF

COLPERU, CORP

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

COLPERU, CORP

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do,

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers: To have perpetual succession by its corporate COLPERU, CORP

name:

CLARA BERRIZ

4080 SW 24 AVE.

HIAHI PL 33155

(305) 485-9300

H 99000021196 3

H99000021196 3

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

> OSCAR MONTOYA 6424 COLLINS AVE. #204 MIAMI BEACH, FL. 33141

> > The principal office shall be:

2921 COLLINS AVE. MIAMI BEACH, FL. 33140

H990000211963

ARTICLE VI

The initial Board of Directors shall consist of a total of FOUR (04) person, and the name and address of the person who is to serve as an initial director is:

OSCAR MONTOYA 8424 COLLINS AVE. #204 MIAMI BEACH, FL 33141

JUAN ORIHUELA 2899 COLLINS AVE. #1703 MIAMI BEACH, FL 33140

MARTA ZULUAGA 2899 COLLINS AVE. #1703 MIAMI BEACH, FL 33140

LUZ MERCEDES ZULUAGA 6424 COLLINS AVE. #204 MIAMI BEACH, FL 33141 PRESIDENT

VICE-PRESIDENT

Hartha Lulunga

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

OSCAR MONTOYA 6424 COLLINS AVE. #204 MIAMI BEACH, FL 33141

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 19 day of AUGUST , 1999

H99000021196 3

H990000211963

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision 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:

COLPERU, CORP

2. The Name and Address of the registered agent and office is

OSCAR MONTOYA 6424 COLLINS AVE. #204 MIAMI BEACH, FL 33141

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: AUGUST 19, 199

H99000021196 3.