

JAN. 5. 2004 4:24PM CORPORATION SVC CO

NO. 204 P.P. 1/4F1

P040000004367

Florida Department of State
Division of Corporations
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RESUBMIT

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To: Division of Corporations
Fax Number : (850) 205-0381

RESUBMIT

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) ~~521-1000~~
521-0925 note fax # change.

FLORIDA PROFIT CORPORATION OR P.A.

15480 MIAMI, FL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03 <i>4</i>
Estimated Charge	\$70.00

03 DEC 23 11:31
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Corporate Filing

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 5, 2004

CORPORATION SERVICE COMPANY

SUBJECT: 15480 MIAMI, FL, INC.
REF: W04000000202

**RESUBMIT
RESUBMIT**

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Dorine Martin
Document Specialist
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FAX And. #: E03000341144
Letter Number: 904A00000261

JAN. 5. 2004 4:24PM

CORPORATION SVC CO

NO. 304
HD300034

P. 3/4

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be: 15480 Miami, FL, Q < .

ARTICLE II PRINCIPAL OFFICE

The principal office of the corporation shall be: 999 Brickell Ave. Suite 700 Miami, FL 33131

ARTICLE III SHARES

The number of shares of stock of the corporation shall be: 100 Shares.

ARTICLE IV EFFECTIVE DATE

The effective date for these Articles is December 1, 23, 2003.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name of the initial Registered Agent is: Margarita P. Muñiz, Esp.
999 Brickell Ave.
Suite 700
Miami, FL 33131

ARTICLE VI INCORPORATOR

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

Margarita P. Muñiz, Esq.
999 Brickell Ave.
Suite 700
Miami, FL 33131

Signature/Incorporator Margarita P. Muñiz Date: 12/20/03

REGISTERED AGENT

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

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NO. 304 P. 4/4
H03000341144 3

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.

Robert P. [Signature]
Signature of Registered Agent

10/20/03
Date:

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H03000341144 3