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FLORIDA PROFIT/NON PROFIT CORPORATION
FORTY ASSET MANAGEMENT, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: FORTY ASSET MANAGEMENT, INC

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

1950 N.W. 93 AVE
DORAL, FL 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL CASSEB
1950 N.W. 93 AVE
DORAL, FL 33172

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):


PAUL CASSEB
1950 N.W. 93 AVE
DORAL, FL 33172

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

SILVIA REGINA FORTI BERNARDI (PRESIDENT)
1950 N.W. 93 AVE DORAL, FL 33172
SHADIA FORTI BERNARDI (DIRECTOR)
1950 N.W. 93 AVE DORAL, FL 33172
SAMIA FORTI BERNARDI (DIRECTOR)
1950 N.W. 93 AVE DORAL, FL 33172
PAUL CASSEB (SECRETARY)
1950 N.W. 93 AVE DORAL, FL 33172

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 15 day of NOVEMBER 2012.


Signature

Signature

Signature

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DIVISION OF CORPORATIONS
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions 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: FORTY ASSET MANAGEMENT, INC

2. The name and address of the registered agent and office is:

PAUL CASSEB

(NAME)

1950 N.W. 93 AVE

(P.O. BOX NOT ACCEPTABLE)

DORAL, FL 33172

(CITY/STATE/ZIP)

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.

SIGNATURE _____

DATE 11/15/2012

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