Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION NORTH SIDE INVESTMENTS INCORPORATED

Certificate of Status

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Corporate Filing Menu

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April 28, 2011

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

LAZARUS

SUBJECT: NORTH SIDE INVESTMENTS INCORPORATED

REF: W11000023689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H11000115589 Letter Number: 611A00010302 05/04/2011 10:27

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May 4, 2011

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: NORTH SIDE INVESTMENTS INCORPORATED

REF: W11000024766

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section FAX Aud. #: H11000115589 Letter Number: 411A00010810 つんのオ・中国 (内部・中国)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANS **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SIDE INVESTMENTS (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) BRICKELL AVE UNIT 4601 MIAMI
(Principal office address) 8. TO INVEST, GATHER OR SUBSCRIBE THE NECESSARY CAPITAL

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

TO PROMOTE, ESTABLISH OR DEVELOP ENTERPRISES OR BUSINESSES

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BRICKELL AVE UNIT 4601 Office Address: , Plorida 33/31

Registered agent's acceptance;

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of chistence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Segretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ed agent's signature)

CONTROL OF MEDICAL

12. Names	and business addresses of officers and/or directors:		
A. DIREC	TORS		
Chairman: _	Samir BAZZI 495 BRICKELL AVE UNIT 4601		
Address:	495 BRICKELL AVE UNIT 4601		
	Miami FL 33131		
_	an:		
		产品 3	
Augress			_
		じっき	-
Director:			r
Address:		3	C
_		(A)	
Director:		1	
Address:			
Address: Vice Preside	Samir BAZZI 495 BRICKELL AVE UNIT 4601 Miami FL 33131		
			•
Secretary: _			
Address:			
Treasurer: _			
Address:			
NOTE IF	necessity don and attack an addendum to the application listing additional officers and/or dis	rectors.	
12	All Gul		
The officers are true and third degree	Signature of Director or Officer of director significant this document (and who is listed in number 12 above) affirms that the facts that it or significant that false information submitted in a document to the Department of Stellony as provided for in s.817.155, F.S.	stated herein tate constitutes a	
14.	Samir BAZZI		
	(Typed or printed name and capacity of person signing application)		

100 100 - -

There is a an official stamp in green ink at the top of the document with numbers 110, 5682,8989 and says: REPUBLIC OF PANAMA *OFFICIAL SEAL* VALUE 008.00 P.B. 1077 Dated 18 04 11

REPUBLIC OF PANAMA PUBLIC REGISTRY OF PANAMA No. 392747

CERTIFIES

IN RESPECT TO REQUEST 11-14913

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	2) MARIELA DE							ET EVEN
	3) ELIGIO RODR							Fi
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*********	PRESIDENT	: SAMIR BAZZI DO	MINGUEZ				,	₹5>
	TREASURER	: ELIGIO RODRIGI					•	==
	SECRETARY	: MARIELA DE CR						\geq_{m}
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(1) SAMIR BAZZI DOMINGUEZ

(2) MARIELA DE CRISTI

(3) ELIGIO RODRIGUEZ QUE SUS DIGNATARIOS SON: PRESIDENTE : SAMIR BAZZI DOMINGUEZ ELIGIO RODRIGUEZ MARIELA DE CRISTI TEHORERO SECRETARIO GUE LA REPRESENTACION LEGAL LA EJERCERA: LA REPRESENTACION LEGAL DE LA SOCIEDAD LA EJERCERA EL PRESIDENTE DE LA SOCIEDAD EN SU AUSENCIA EL SECRETARIO, EN AUSENCIA DE AMBOS EL TESORERO. QUE SU AGENTE RESIDENTE ES: ANZOLA ROBLES & ASOCIADOS ADDEDNES SIN VALOR HOMINAL. DETALLE DEL CAPITAL
EL CAPITAL AUTORIZADO CONSISTIRA EN BUINIENTAS (500) ACCIONES COMUNES
TODAS SIN VALOR NOMINAL
GUE SU DURACION ES PERPETUA
GUE SU DOMICILIO ES PANAMA EXPEDIDO Y FIRMADO EN LA PROVINCIA DE PANAMA . EL QUINCE DE ABRIL. DEL DOS MIL ONCE A LAS 07-20:05.P.M. ESTA CERTIFICACION PAGO DERECHOS FOR UN VALOR DE BY. 30.00 COMPROBANTE NO. 11 - 14913 NO. CERTIFICADO: 8. ANONIMA - 043029 FECHA: Viernes 18. Abril DE 2011 MHEL ANTONIO COCCIÓ CERTIFICADOR

ANAME

APOSTILLE

Convention de la haye du 5 octobre 1961

1 Pats PANAMA

El presente documento público

2 ha sido firmado por de la como de la como

CERTIFICADO

6 el día ್ EN Panama_

7 por DIRECCION ADMINISTRATIVA 8 Bajo el número 23 43/

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