

Notarized 2879

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FALLS ARCO BUSINESS COMMUNITY
(Corporation Name) (Document #)

2. NETWORK INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
00 APR 28 PM 12:59
TALLAHASSEE FLORIDA
SECRETARY OF STATE

700003228837--8

04/28/00--01062--024
*****78.75 *****78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
00 APR 28 AM 11:30
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

FALLS AREA Business Community Network,
INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

FALLS AREA Business Community Network,
INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

14429 South Dixie Hwy, Miami, FL 33176

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

A GROUP OF BUSINESSMEN HELPING THEMSELVES
TO PROMOTE AND ADVERTISE THEIR BUSINESS.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

Membership ballot. (open ballot)

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TALLAHASSEE FLORIDA

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

CELIA PERDOMO
14338 S.W. 88 AVE
MIAMI, FL 33176


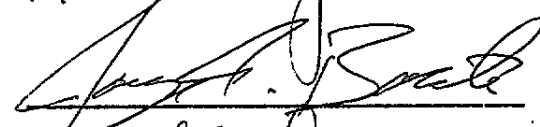

ARTICLE VII INCORPORATORS

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

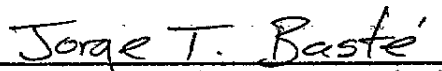
Celia Perdomo 14338 S.W. 88 AVE Miami, FL 33176
Eileen Goodman 9755 S.W. 143 DR. Miami, FL 33176
Anacarla Baquero
5200 Town Center Circle
Suite 600
Boca Raton, FL 33486

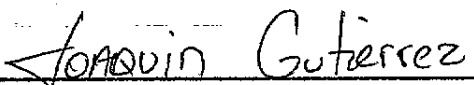
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
19th day of APRIL, 19 2000

Signature(s) of the Incorporator(s)


Typed name of incorporator signing


Typed name of incorporator signing


Typed name of incorporator signing

**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: Falls Area Business Community Network INC.
2. The name and address of the registered agent and office is:
Celia Perdomo
(NAME)
14338 SW 88 AVE
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33176
(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 _____

4/18/2000

REGISTERED AGENT FILING FEE: \$35.00

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00 APR 28 PM 12:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA