06/21/2033 06:2

N15000008369

101/003

Florida Department of State Division of Corporations

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.

(((H15000193049 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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future mail annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION FORO EQUADOR CORP.

| | The state of the s |
|-----------------------|--|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

H15000192049

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I | NAME | be: FORO ECUADOR | CORP. | • | | į |
|----------------|----------------------|--|---------------------|---|----------|--------------------|
| | | | ~~~ | | | |
| ARTICLE II | PRINCIPAL | · —— | | | | |
| | Principal stree | | C | Mailing address, if different is: | | |
| 3697 | NW 19th Stre | <u>et</u> | Sa | ame | | <u> </u> |
| Laud | derdale Lakes, | FL 33311 | | • | | |
| | . ,,, | | • | | | |
| | | | | | | \vdash |
| ARTICLE III | PURPOSE | To | munnatu Dam | users and Emodern views | | |
| The purpose fo | r which the corpo | ration is organized is: 10 | promote Den | nocracy and Freedom rights. | | |
| | **** | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> |
| | | | | | | |
| | | | | | | |
| | | | | | | \vdash |
| | | | | | | ├─ |
| | <u> </u> | | | | <u> </u> | — |
| | | | | | | |
| ARTICLE IV | MANNER (| FELECTION The m | anner in subich the | e directors are cleated and appointed: By the | BYLAV | Ý |
| <u> </u> | 2-2-11 | | | | | $	extstyle 	ag{1}$ |
| | | <u>; </u> | | | | |
| ARTICLE V | INITIAL (| FFICERS AND/OR DI | RECTORS | | | |
| | . | | | | | |
| Name and Title | Carlos R. Lan | ge, President | Name and Title | :_ Carlos Ramirez, Vice President | | |
| Address | 3697 NW 19t | Street | _ Address: | 3697 NW 19th Street | | |
| | Lauderdale L | akes, FL 33311 | | Lauderdale Lakes, FL 33311 ≧∽ | | |
| | <u> Byancionie s</u> | | • | | 5 AU | |
| | | | - | Publish Name Transport | 9U | T |
| Name and Title | : Miguel Ange | Gacia, Secretary | Name and Title | Ruby Norona, Treasurer | 0 | |
| Address | 3697 NW 19t | Street | Address: | 3697 NW 19th Street (**) 6.0 | 岳 | |
| , | Lauderdale I | akes, FL 33311 | | Lauderdale Lakes, FL 33311 | Ö | |
| | <u> </u> | | - | Lauderdale Lakes, FL 33311 | : 08 | |
| | Gustavoller | nos Director | - | Emma Ocaña-Lange, Director | ٠ | |
| Name and Title | Gustavo Ler | } | Name and Title | | | |
| Address | 3697 NW 19t | h Street | _ Address: | 3697 NW 19th Street | | |
| _ | Lauderdale I | akes, FL 33311 | _ | Lauderdale Lakes, FL 33311 | | |
| | | | - | | | |
| | <u> </u> | | - . | | | |

H15000192049

| Name and Title | Patricia Albu | ija, Director | Name and Title: | Patricia Bueno, Director | | | |
|-------------------------------------|-------------------------------------|--|--|---|--------------------------|--------|--------|
| | 3697 NW 19t | | Address: | 3697 NW 19th Street | | | |
| | Lauderdale L | akes, FL 33311 | - | Lauderdale Lakes, FL 33311 | | | |
| | | | _ | | | | |
| Name and Title: | Tatiana Neol | e, Director | Name and Title | Enrique Larrea, Director | | | |
| Address | 3697 NW 19 | ! | _ Address: | 3697 NW 19th Street | | | |
| : | Lauderdale | Lakes, FL 33311 | _ | Lauderdale Lakes, FL 33311 | | | |
| Name and Title | Lucero Molir | a, Director | Name and Title | Polo Cedeño, Director | | | |
| Address | 3697 NW 191 | h Street | _ Address: | 3697 NW 19th Street | · | | |
| | Lauderdale I | lakes FL 33311 | - | Lauderdale Lakes, FL 33311 | | | |
| • | | | - | | | | |
| ARTICLE VI | | RED AGENT dress (P.O. Box NOT acce | eptable) of the regi | istered agent is: | | | |
| Name: | Carlos R. | Lange | | | | | |
| Address: | 3697 NW | 19th Street | ··· | | | | |
| | Lauderd | ale Lakes, FL 33311 | <u>. </u> | | | | |
| ARTICLE VI | INCORPO | · · · · · · · · · · · · · · · · · · · | | | SECRETARY TALLAHASSER | 15 | |
| Name: | Carlos R | _ | | | AHA | AUG | 71 |
| Address: | 3697 NW | / 19th Street | | | SSEE | 0 | |
| | Lauderd | ale Lakes, FL 33311 | | | JF STO | AM 8: | |
| Having been no certificate, I am | amed as register familiar with a | red agent to accept service and accept the appointment | of process for the as registered agen | e above stated corporation at the plant and agree to act in this capacity | <u>≅</u> ≧ uc∰ellgr | | ı this |
| | - | R. Congression of Registered Signature of Registered | • | | /15 te | | |
| I submit this do to the Departme | cument and offi | | ein are true. I am | aware that any false information sui | mitted in | a docu | ment |
| | • | Required Signature of Inco | | | 0/15 | · | |
| | _ | Required Signature of Inco | rporator | . р | ate | | |