

TRANSMITTAL LETTER

P00000015684

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-02/07/00--01103--014
*****87.50 *****87.50

SUBJECT: OPUS DOMUS, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JORGE A. BEKER & RUBEN O. IFRAN
Name (Printed or typed)

869 NE 71st Street Miami, FL 33138
Address

Miami, FL 33138
City, State & Zip

305- 297-2322

Daytime Telephone number

FILED
00 FEB -7 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T. Burch FEB 15 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

OPUS DOMUS, INC.

ARTICLE II PRINCIPAL OFFICE

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

821 NE 71st. Street
Miami, FL 33138

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jorge A. Beker
869 NE 71st Street
Miami, FL 33138

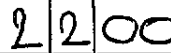
ARTICLE V INCORPORATOR

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

Ruben O. Ifran
869 NE 71st Street
Miami, FL 33138



Signature/Incorporator



Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent



Date

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00 FEB -7 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA