

OFFICE USE ONLY (Document #)

LAMARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. FESTEJOS DIM DOM INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)



Walk in



Pick up time

2.00



Certified Copy



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Photocopy



Certificate of Status

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

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-02/16/00--01044--002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

PO000016664

RECEIVED  
00 FEB 16 AM 11:07  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 FEB 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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.

FILED  
00 FEB 16 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be

*Festejos Dim Dom Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*15341 NW 97 PL  
Opa Locka FL 33054*

### ARTICLE III SHARES

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

*100*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Gilda Tovar  
15341 NW 97 PL  
Opa Locka FL 33054*

ARTICLE V INCORPORATOR (S)

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

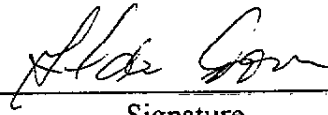
Gilda Touar  
15341 NW 27 PL  
Opa Locka FL 33054

ARTICLE VI DIRECTOR (S)

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

Gilda Touar  
15341 NW 27 PL  
Opa Locka FL 33054

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 14 day of February, 1999/2000

A handwritten signature in dark ink, appearing to read "Alfred Gorn", is written over a horizontal line.

Signature

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Signature

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Signature

## CERTIFICATION OF DESIGNATION

### REGISTERED AGENT / REGISTERED OFFICE

Pursuant 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: Festijos Dim Dom Inc.
2. The name and address of the registered agent and office is:

Gp 1da tower

(NAME)

15341 NW 97 PL

(PO. BOX NOT ACCEPTABLE)

OP 10ck2 FL 33054

(CITY / STATE / ZIP)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

00 FEB 16 PM 2:44

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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

Aldo Gorn

DATE

2-14-2000