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To: Division of Corporations  
Fax Number : (850)922-4001

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

PESQUEIRA COMMERCE, INC.

Certificate of Status	0
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**ARTICLES OF INCORPORATION  
OF  
PESQUEIRA COMMERCE, INC.**

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATE ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I: NAME**

THE NAME OF THE CORPORATION SHALL BE:

PESQUEIRA COMMERCE, INC.

**ARTICLE II: NATURE OF THE BUSINESS**

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, AND ANY OTHER STATE COUNTRY, TERRITORY OR NATION. THE PRINCIPAL PLACE OF THE BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

PESQUEIRA COMMERCE, INC.  
789 CRANDOM BLVD. #205  
KEY BISCAVNE, FL 33149

**ARTICLE III: CAPITAL STOCK**

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO ISSUED AND HAVE OUTSTANDING AT ANY ONE TIME IS: 1,000 SHARES OF THE COMMON STOCK, PAR VALUE \$1.00 PER SHARE.

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**ARTICLE IV: TERM OF EXISTENCE**

THIS CORPORATION SHALL EXIST PERPETUALLY

**ARTICLE V: OFFICERS AND DIRECTORS**

THE NAMES AND STREET ADDRESSES OF THE INITIAL OFFICER AND DIRECTOR, WHO SHALL HOLD OFFICE THE FIRST DAY OF THE CORPORATION EXISTENCE UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

**PRESIDENT:** JUAN ANDRES PESQUEIRA  
789 CRANDOM BLVD. #205  
KEY BISCAYNE, FL 33149

**VICE-PRESIDENT:** PABLO PESQUEIRA  
789 CRANDOM BLVD. #205  
KEY BISCAYNE, FL 33149

**ARTICLE VI: INCOPORATOR**

THE NAME AND STREET ADDRESSES OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION.

JUAN ANDRES PESQUEIRA  
789 CRANDOM BLVD. #205  
KEY BISCAYNE, FL 33149

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS MARCH 08, 2000

SIGNATURE OF INCORPORATOR

-----  
JUAN ANDRES PESQUEIRA

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

PESQUEIRA COMMERCE, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JUAN ANDRES PESQUEIRA  
789 CRANDOM BLVD. #205  
KEY BISCAVNE, FL 33149

SIGNATURE:

  
-----  
JUAN ANDRES PESQUEIRA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE DESIGNATED PLACE IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREED TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES 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:

  
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JUAN ANDRES PESQUEIRA

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