

P00000026659

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

SUBJECT: WIN WIN GROUP, INC.
(Proposed corporate name - must include suffix)

700003163427--S
-03/09/00--01041--002
*****87.50 *****87.50

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: Felix J. Alvarez
Name (Printed or typed)

2660 S.W. 37th Ave., Apt. 503
Address

Miami, FL 33133
City, State & Zip

(305) 536-3950
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR -9 AM 8:25

FILED

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

T BROWN MAR 16 2000

ARTICLES OF INCORPORATION

ARTICLE I

The name of the corporation shall be:

WIN-WIN Group, Inc.

ARTICLE II

The principal place of business/mailling address is:

9250 S.W. 143 Ct., suite 100
Miami, FL 33186

P.O. Box 524288
Miami, FL 33152-4288

ARTICLE III

The purpose for which the corporation is organized is to provide marketing and communication services.

ARTICLE IV

The number of shares of stock is one million shares (1,000,000).

ARTICLE V

The initial Directors are

Raul Duany
9250 S.W. 143 Ct., suite 100
Miami, FL 33186

Hector M. Diaz
9250 S.W. 143 Ct., suite 100
Miami, FL 33186

Felix J. Alvarez
2660 S.W. 37th Avenue
Apt. 503
Miami, FL 33133

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TALLAHASSEE, FLORIDA

ARTICLE VI

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

Felix J. Alvarez
2660 S.W. 37th Avenue
Apt. 503
Miami, FL 33133

ARTICLE VII

The name and address of the Incorporator are:

Felix J. Alvarez
2660 S.W. 37th Avenue
Apt. 503
Miami, FL 33133

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/Incorporator


Date

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00 MAR -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA