

Power 37632

OFFICE USE ONLY

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

00 APR 14 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

1. MIAMI EQUIPMENT SERVICE INC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2:00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

00 APR 14 AM 10:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

RECEIVED

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 checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

000003208840--3
-04/14/00--01028--013
*****78.75 *****78.75

[Handwritten Signature]

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s) 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:

MIAMI EQUIPMENT SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

20 North West 34 Street,
Miami, Florida. 33127

ARTICLE III SHARES

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

FIVE HUNDRED
(500)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PEDRO ENRIQUEZ. 20 North 34 Street, Miami, Fla. 33127

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

JUAN JOSE PICADO HERRERA. President/ 20 N. W. 34 Street, Miami, Fla.
Sec.

PEDRO ENRIQUEZ. Vice President./Treasurer 99625 Overseas Highway
Key Largo, Fla.

ARTICLE VI DIRECTOR(S)

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

President/ JUAN JOSE PICADO HERRERA 20 N. W. 34 St. Miami, Fla
Secretary

Vice President/ PEDRO ENRIQUEZ. 99625 Overseas Highway, Key Largo
Treasurer Fla.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of APRIL, 192000.

[Handwritten Signature]
Signature
PEDRO ENRIQUEZ, VPT

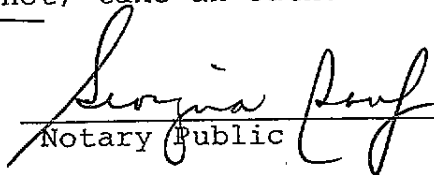
Signature

Signature

[Handwritten Signature]
Georgina Santiago
MY COMMISSION # CCB75098 EXPIRES
September 28, 2014
D. CHIEF OF THE TRUST COMPANY

STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
13th day of APRIL, 2000 by PEDRO ENRIQUEZ,
who is personally known to me or who has produced personally known
as Identification and who did (did not) take an oath.



Notary Public

Georgina Santiago
Typed or Printed Name of Notary

My commission expires on:



Georgina Santiago
MY COMMISSION # CC875098 EXPIRES
September 28, 2003
BONDED THROUGH TROY FAIR INSURANCE INC

STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
_____ day of _____, 19____ by
who is personally known to me or who has produced _____
as Identification and who did (did not) take an oath.

Notary Public

Typed or Printed Name of Notary.

My commission expires on:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provision 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: MIAMI EQUIPMENT SERVICE INC.

20N. W. 34 Street, Miami, Florida, 33127

2. The name and address of the registered agent and office is:

PEDRO ENRIQUEZ
(NAME)

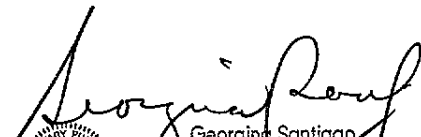
20 N. W. 34 Street,
(P.O. BOX NOT ACCEPTABLE)

Miami, Florida. 33127
(CITY / STATE / ZIP

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 
Pedro Enriquez, agent

DATE April 13, 2000


Georgina Santiago
MY COMMISSION # CC875098 EXPIRES
September 28, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
00 APR 14 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA