

# P00000038687

## TRANSMITTAL LETTER

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

FILED  
00 APR 12 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
7000032065-4  
-04/13/00--01000--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: COMPATIBLES 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: Carlos J. Pareha  
Name (Printed or typed)

13824 SW 108th Ct.  
Address

Miami, Fl. 33176  
City, State & Zip

(305) 670-6519  
Daytime Telephone number

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

S. Thompson APR 18 2000

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

COMPATIBLES INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17350 So. Dixie Hwy.  
Miami Fl. 33157-4319

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To render a service thru which individuals can meet others  
for the purpose of starting a relationship.

## ARTICLE IV SHARES

The number of shares of stock is:

100 at \$ 1.00 each

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President and CEO : Carlos J. Pareha  
13824 SW 108th Ct.  
Miami, Fl 33176

## ARTICLE VI REGISTERED AGENT

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

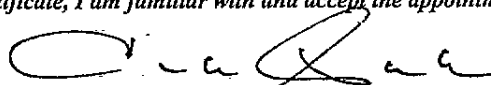
Carlos J. Pareha  
13824 SW 108th Ct.  
Miami, Fl 33176

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Carlos J. Pareha  
13824 SW 108th Ct.  
Miami, Fl. 33176

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

04-08-00  
Date

  
\_\_\_\_\_  
Signature/Incorporator

04-08-00  
Date

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TALLAHASSEE FLORIDA