

P 000000 38787

TRANSMITTAL LETTER

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

600003205856--6  
-04/12/00--01064--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Montale Properties Corp  
(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 APR 12 PM 2:25

FILED

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: JULIA ALEMANY  
Name (Printed or typed)

3355 SW 29 street  
Address

MIAMI FL 33133  
City, State & Zip

305-445-9549  
Daytime Telephone number

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

APR 18 2000  
A 21218

# 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:

MONTALE PROPERTIES CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3355 S.W. 29 street  
Miami, FL 33133

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS - REAL ESTATE

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

PEDRO MONTERO, President, 3355 SW 29 Street, Miami, FL 33133  
JULIA ALEMANY, V-P, 3355 SW 29 Street, Miami, FL 33133

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

JULIA ALEMANY  
3355 SW 29 street, Miami, FL 33133

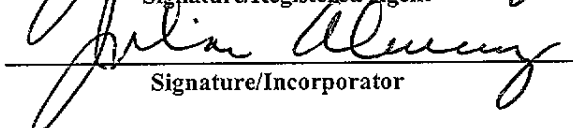
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

JULIA ALEMANY  
3355 SW 29 street, 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

  
Signature/Incorporator

04-06-00

Date

04-06-00

Date

FILED  
00 APR 12 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA