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EXPRESS CORPORATE FILING SERVICE INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

FILED  
00 JUN 22 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
00 JUN 22 AM 10:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

1. I AVS - Int'l Audio Visual Series, Inc  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**IAVS – Int'l Audio Visual Services, Inc.**

**ARTICLE I**

The name of this corporation shall be:

IAVS – INT'L AUDIO VISUAL SERVICES, INC.

With the principal place of business located at:

11159 MAINSAIL DRIVE  
COOPERCITY, FL. 33026

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**ARTICLE II**  
**GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

**ARTICLE III**  
**CAPITAL STOCK**

This Corporation is authorized to issue 1,000 shares of Common Stock, par value \$1.00 (one U.S. dollar) per share.

**ARTICLE IV**  
**PREEMPTIVE RIGHTS**

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE V**  
**INITIAL REGISTERED OFFICE**

The street address of the registered office of this Corporation is:

444 BRICKELL AVE SUITE 750  
MIAMI, FLORIDA 33131

The Name of the initial REGISTERED AGENT of this Corporation is:

MILLENNIA CONSULTING SERVICES, INC.

**ARTICLE VI  
INITIAL BOARD OF DIRECTORS**

This Corporation shall have 3 Directors(s) initially, the number of Directors may be either increased or diminished from time to time by the laws, but shall never be less than one (1). The initial Directors of this Corporation are:

President: Weber Diniz Maia  
Vice President: Joao Carlos Ferreira da Silva  
Secretary: John Edward Noel

**ARTICLE VII  
INCORPORATOR**

The name and address of the person signing this article is:  
Weber Diniz Maia  
11159 Mainsail Drive  
Coopercity, Fl. 33026

**ARTICLE VIII  
INDEMNIFICATION**

The Corporation shall indemnify any officer or Director, or any former officers or Directors to the full extent permitted by law.

**ARTICLE IX  
MANAGEMENT OF CORPORATION SHAREHOLDERS**

All Corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the Board of Directors, and the shareholders of this Corporation.

**ARTICLE X  
BY LAWS**

The power to adopt, after, amend or repeal by-laws shall be vested in the BOARD OF DIRECTORS and the SHAREHOLDERS.

IN WITNESS WHEREOF, The undersigned incorporator has executed these Articles of Incorporation this 21<sup>st</sup> day of June, 2000

  
\_\_\_\_\_  
Incorporator

CERTIFICATE DESIGNATING THE ADDRESS AND AN  
AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

THAT **IAVS – INT'L AUDIO VISUAL SERVICES, INC.**  
DESIRING TO ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,  
WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY OF DADE,  
STATE OF FLORIDA HAS APPOINTED:

**WEBER DINIZ MAIA**

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

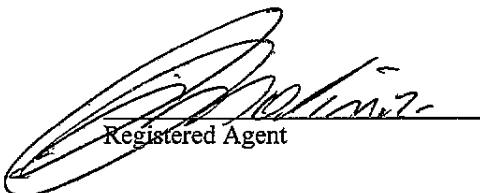
ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

**IAVS – INT'L AUDIO VISUAL SERVICES, INC.**

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION  
AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO  
ACT IN THE CAPACITY OF REGISTERED AGENT FOR SAID CORPORATION,  
AND AGREE TO COMPLY WITH THE APPLICABLE PROVISION OF THE  
FLORIDA STATUTES.

THIS 21<sup>ST</sup> DAY OF JUNE, 2000



Registered Agent

STATE OF FLORIDA)  
COUNTY OF DADE )

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE  
ACKNOWLEDGMENTS IN STATE AND COUNTY SET FORTH ABOVE,  
PERSONALLY APPEARED.

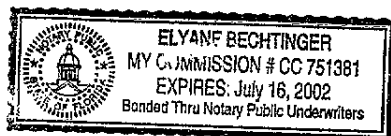
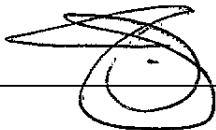
KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING  
ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME  
THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED  
MY OFFICIAL SEAL,

IN THE STATE AND COUNTY AFORESAID

THIS

NOTARY



**SPECIFIC POWER OF ATTORNEY**

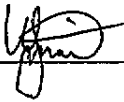
BE IT KNOWLEDGED, THAT I,  
**THE UNDERSIGNED**, DO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF ATTORNEY  
TO **THE LAW OFFICES OF ALAN S. GLUECK, OF MIAMI, FL**  
— AS MY ATTORNEY IN-FACT.

SAID ATTORNEY – IN – FACT SHALL HAVE FULL POWER AND AUTHORITY TO UNDERTAKE  
AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF:  
MANAGE THE PROCEDURES IN ORDER TO OBTAIN FEIN #, ANY KIND OF BUSINESS  
LICENSES, INQUIRE ABOUT LIABILITIES WITH THE IRS., FLORIDA DEPARTMENTS,  
CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN SHALL  
INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND  
PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY – IN – FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT AND  
PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS MY  
ATTORNEY – IN – FACT IN THE DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION, THIS POWER OF ATTORNEY  
MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE REVOKED  
UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER OF ATTORNEY  
SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY ON THE AUTHORITY OF MY  
ATTORNEY – IN – FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

**SIGNED UNDER SEAL THIS**

  
\_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF DADE**

On     /     /     before me, **CARLOS A. MOLINA**     personally appeared:

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose  
name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the  
same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instruments.

WITNESS MY HAND AND OFFICIAL SEAL

Signature \_\_\_\_\_  


Affiant \_ Known \_ Procedure ID \_

Type of ID \_\_\_\_\_

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