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#### Florida Department of State

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)541-3694 Phone

Fax Number : (305)541-3770

#### FLORIDA PROFIT CORPORATION OR P.A.

#### LRMS, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
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8/9/00 10:44 AM

# ARTICLES OF INCORPORATION OF LRMS, INC.

The undersigned hereby agree(s) to organize a corporation under the laws of the State of Fiorida, with the following Articles of Incorporation.

ARTICLE I NAME

The corporate name shall be:

LRMS, INC.

ARTICLE II FXISTENCE

The corporation shall have perpetual existence.

ARTICLE III
PURPOSE

The corporate purpose is to conduct all lawful business and it shall possess all powers now and hereafter conferred by the laws of the State of Florida and the United States upon corporations.

#### ARTICLE IV AUTHORIZED CAPITAL STOCK

The amount of capital stock authorized is five thousand (5,000) shares with no par value.

THIS DOCUMENT WAS PREPARED BY: DOUGLAS D. STRATTON, ESQ.. Florida Bar No. 240966 407 Lincoln Road, Suite 2A Miami Beach, Florida 33139 (305) 672-7772

#### ARTICLE V PRINCIPAL OFFICE

The post office address of the principal office of the corporation is: 1573 Euclid Avenue, No. 8, Miami Beach, Florida, 33139 or at any other location that the Board of Directors chooses to designate.

#### ARTICLE VI INITIAL REGISTERED AGENT

The initial Registered Agent of the corporation is:

DOUGLAS D. STRATTON, ESQ., and the street address of the registered office is:

407 Lincoln Road, Suite 2A, Miami Beach, Florida, 33139.

#### ARTICLE VII INITIAL BOARD OF DIRECTORS

The business of the corporation shall be managed by a Board of Directors consisting of not fewer than one (1) person, the exact number to be determined from time to time in accordance with the by-laws. The name(s) and address(es) of the first Board of Directors who shall serve until the first annual meeting of the shareholders or until their successors are elected and qualified shall be:

| <u>NAMES</u>         | ADDRESSES   |
|----------------------|---|
| Mohammad Farid Ahmed | 1573 Euclid Avenue, No. 8<br>Miami Beach, Florida 33139       |
| Anzuman Ara Begum    | 1573 Euclid Avenue, No. 8<br>Miami Beach, Florida 33139       |
| Mohammed S. Mazumder | 1552 Washington Avenue, No. 12B<br>Miami Beach, Florida 33139 |
| Mohammed M. Kamal    | 1850 N.E. 186 Street, No. 3G<br>North Miami Beach, FL 33179   |

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### ARTICLE VIII POWERS OF DIRECTOR(S)

The Director(s) shall exercise all powers conferred by law.

### ARTICLE IX INDEMNIFICATION

The corporation shall indemnify any and all of its directors or officers against losses and expenses actually and necessarily incurred by them in connection with the defense of any suit which they are parties to by reason of their acts while in their corporate capacity.

### ARTICLE X AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any or all provisions of the Articles of Incorporation in the manner now or hereafter prescribed by Florida Statutes.

#### ARTICLE XI INCORPORATOR

The name(s) and address(es) of the Incorporator(s) of the corporation is/are as follows:

NAMES

<u>ADDRESSES</u>

Mohammad Farid Ahmed

1573 Euclid Avenue, No. 8 Miami Beach, FL 33139

IN WITNESS WHEREOF, the undersigned, being the original Incorporator of the corporation, has executed these Articles of Incorporation this 8 day of 2000.

> MF. AMMED MOHAMMAD FARID AHMED Incorporator

STATE OF FLORIDA) COUNTY OF MIAMI-DADE )

BEFORE MF, the undersigned authority, personally appeared MOHAMMAD FARID AHMED, to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State aforementioned this \_ day

NOTARY PUR State of Florida

Print, type of stamp Commissioned

Name of Notary Public

or produced Identification\_\_\_\_\_Type of Identification Produced

My Commission Expires:

OFFICIAL NOTARY SFAL DOUGLAS DAVIDSTRATTON

#### <u>ACKNOWLEDGMENT</u>

Having been named to accept service of process for the above stated corporation, at the place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions in Chapter 48.091. Florida Statutes, relative to keeping open said office.

> REGISTERED AGENT Florida Bar No. 240966