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MIAMI, FL 33134

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FILED
00 AUG 21 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. Mercapronto, Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____

☒ Certified Copy 003365119--2
-08/21/00--01009--010

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status *****78.75 *****78.75

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

RECEIVED
00 AUG 21 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Examiner's Initials

Date AUGUST 17, 2000

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re MERCAPRONTON, CORP., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

MERCAPRONTON, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
13470 S.W. 62 ST., #N106		
MIAMI, FLORIDA 33183		
PHONE		
(305)	752-7902	
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of
MERCAPRONGO, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

MERCAPRONGO, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	IVAN AUGUSTO GIL		
ADDRESS	13470 S.W. 62 ST., #N106		
CITY	MIAMI	STATE FLORIDA	ZIP 33183

The principal office, if known, or the mailing address of the corporation is:

NAME	MERCAPRONGO, CORP.		
ADDRESS	13470 S.W. 62 ST., #N106		
CITY	MIAMI	STATE FLORIDA	ZIP 33183

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR (4) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	IVAN AUGUSTO GIL	PRESIDENT	25% SHARES
ADDRESS	13470 S.W. 62 ST., #N106		
CITY	MIAMI	STATE FLORIDA	ZIP 33183
NAME	LIGIA DEL SOCORRO GIRALDO	VICE PRESIDENT	25% SHARES
ADDRESS	13470 S.W. 62 ST., #N106		
CITY	MIAMI	STATE FLORIDA	ZIP 33183
NAME	MANUEL DOLORES NEGRETE	TREASURER	25% SHARES
ADDRESS	13470 S.W. 62 ST., #N106		
CITY	MIAMI	STATE FLORIDA	ZIP 33183

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NAME	MARIA MARGARITA LUNA	SECRETARY	25% SHARES
ADDRESS	13470 S.W. 62 ST., #N106		
CITY	MIAMI	STATE FLORIDA	ZIP 33183
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

**CERTIFICATE OF REGISTERED AGENT
OF**

(name of corporation)

MIAMI, FLORIDA 33183

has named IVAN AUGUSTO GIL

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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TALLAHASSEE FLORIDA