

PO0000080091

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1100000044586 6)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : BERRIZ & GIRALDO P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

FILED  
00 AUG 24 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**AMI ERITREA USA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

H000000445866

ARTICLES OF INCORPORATION  
OF  
AMI ERITREA USA, INC.

FILED  
00 AUG 24 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

## ARTICLE I

The name of this corporation shall be:

AMI ERITREA USA, INC.

## ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

## ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

name:

AMI ERITREA USA, INC.

CLARA BERRI  
4080 SW 84 AVE  
MIAMI, FL 33155  
(305) 485-9300

H000000445866

H00000044586 6

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**MAKONNEN AFEWORK  
8290 LAKE DRIVE #316  
MIAMI, FL 33166**

The principal office shall be:

**8290 LAKE DRIVE #316  
MIAMI, FL 33166**

H00000044586 6

H000000445866.

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** person, and the name and address of the person who is to serve as an initial director is:

**MAKONNEN AFEWORK**  
**8290 LAKE DRIVE #316**  
**MIAMI, FL 33166**

P.E. Makonnen Afeework  
**PRESIDENT**

**FRANCISCA AFEWORK**  
**8290 LAKE DRIVE #316**  
**MIAMI, FL 33166**

\_\_\_\_\_  
**VICEPRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is:

**MAKONNEN AFEWORK**  
**8290 LAKE DRIVE #316**  
**MIAMI, FL 33166**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 23 day of AUGUST, 2000

P.E. Makonnen Afeework  
**MAKONNEN AFEWORK**

H000000445866.

H00000044586 6

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

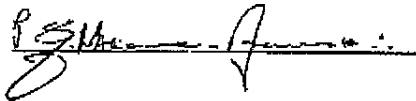
**AMI ERITREA USA, INC.**

2. The Name and Address of the registered agent and office is

**MAKONNEN AFEWORK  
8290 LAKE DRIVE #316  
MIAMI, FL 33166**

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: AUGUST 23, 2000

H00000044586 6

FILED  
00 AUG 24 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA