

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4000

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : F20000000082
Name : (305) 871-0889
Fax Number : (305) 870-9623

FLORIDA PROFIT CORPORATION OR P.A.

PROLATIN SUPPLIERS INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS
00 SEP 26 AM 8:26

B. McKnight SEP 27 2000

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PROLATIN SUPPLIERS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**12368 SW 197TH TERR
MIAMI FL 33177**

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**SILFRIDO R HIDALGO
12368 SW 197TH TERR
MIAMI FL 33177**

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**SILFRIDO R HIDALGO
12368 SW 197TH TERR
MIAMI, FL 33177**

**FRANCISCO JOSE CASTILLO
11055 NW 59TH TERR
MIAMI FL 33178**


ARTICLE VI


**PRESIDENT/TREASURER: SILFRIDO R HIDALGO
VICEPRESIDENT/SECRETARY: FRANCISCO JOSE CASTILLO**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22ND SEPTEMBER
day of .. , **2000**

(An additional article must be added if an effective date is requested.)



Signature


Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:

PROLATIN SUPPLIERS INC

1. The name and address of the registered agent and office is:

SILFRIDO R HIDALGO

NAME

12368 SW 197TH TERR

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

MIAMI, FL 33177

(CITY/STATE/ZIP)

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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)

09/22/2000

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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