# Florida Department of State

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Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694 : (305)541-3770 Fax Number

## FLORIDA PROFIT CORPORATION OR P.A.

### HERNANDEZ & SONS HOLDING CO.

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## ARTICLES OF INCORPORATION OF

THE UNDERSIGNED INCORPORATOR HEREBYADOPTS THESE ARTICLES OF INCORPORATION FOR THE FORMATION OF A CORPORATION UNDER FLORIDA GENERAL CORPORATION ACT.

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS HERNADEZ & SONS HOLDING CO.

ARTICLE II

**DURATION** 

THE DURATION OF THE CORPORATION SHALL BE PERPETUAL.

ARTICLE III

#### INCORPORATION

THE EXISTENCE OF THE CORPORATION SHALL COMMENCE AS OF THE TIME OF THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE SECRETARY OF THE STATE OF FLORIDA

#### ARTICLE IV

#### **PURPOSES**

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS INITIALLY ORGANIZED IS:

1. TO ENGAGE IN SUCH LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE

INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT.

THIS INSTRUMENT WAS PREPARED BY:
MANUEL M. ARVESU, P.A. - FLORIDA BAR NO. 525294
201 ALHAMBRA CIRCLE, SUITE 502
CORAL GABLES, FLORIDA 33134

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### **ARTICLE V**

## **AUTHORIZED SHARES**

THE AGGREGATE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 600 SHARES OF COMMON STOCK EACH NO PAR VALUE.

## ARTICLE VI

# INDEMNIFICATION OF DIRECTORS. OFFICERS AND OTHER AUTHORIZED REPRESENTATIVES

SECTION 1. INDEMNIFICATION IN ACCORDANCE WITH BYIAWS. THE CORPORATION SHALL INDEMNIFY ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS AGAINST LIABILITIES, DAMAGES, SETTLEMENTS AND EXPENSES (INCLUDING ATTORNEYS: FEES) INCURRED IN CONNECTION WITH THE CORPORATIONS-S AFFAIRS, AND SHALL ADVANCE SUCH EXPENSES TO ANY SUCH OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS, TO THE FULL EXTENT PERMITTED BY LAW, AND AS MORE PARTICULARLY SET FORTH IN THE CORPORATIONS-S BYLAWS. SUCH INDEMNIFICATION PROVISIONS OF THE CORPORATION-S BYLAWS MAY BE ENACTED AND MODIFIED FROM TIME TO TIME BY RESOLUTION OF THE CORPORATIONS-S BOARD OF DIRECTORS.

SECTION 2. <u>EFFECT OF MODIFICATION</u>. ANY REPEAL OR MODIFICATION OF ANY PROVISION OF THIS ARTICLE BY THE SHAREHOLDERS OF THE CORPORATION SHALL NOT ADVERSELY AFFECT ANY RIGHT TO PROTECTION OF A DIRECTOR, OFFICER EMPLOYEE OR AGENT OF THE CORPORATION EXISTING AT THE TIME OF THE SUCH REPEAL OR MODIFICATION.

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SECTION 3. LIABILITY INSURANCE. THE CORPORATION SHALL HAVE THE FOWER TO PURCHASE AND MAINTAIN INSURANCE ON BEHALF OF ANY PERSON WHO IS OR WAS A DIRECTOR, OFFICER, EMPLOYEE OR AGENT OF THE CORPORATION OR IS OR WAS SERVING AT THE REQUEST OF THE CORPORATION AS A DIRECTOR OFFICER, EMPLOYEE OR AGENT TO ANOTHER CORPORATION, PARTNERSHIP, JOINT VENTURE, TRUST OR OTHER ENTERPRISE, AGAINST ANY LIABILITY ASSERTED AGAINST HIM AND INCURRED BY HIM IN ANY SUCH CAPACITY OR ARISING OUT OF HIS STATUS AS SUCH, WHETHER OR NOT THE CORPORATION WOULD HAVE THE POWER TO INDEMNIFY HIM AGAINST LIABILITY UNDER THE PROVISION OF THIS ARTICLE.

SECTION 4. NO RIGHTS OF SUBROGATION, INDEMNIFICATION HEREUNDER AND UNDER THE BYLAWS SHALL BE A PERSONAL RIGHT AND THE CORPORATION SHALL HAVE NO LIABILITY UNDER THIS ARTICLE TO ANY INSURER OR ANY PERSON, CORPORATION, PARTNERSHIP, ASSOCIATION, TRUST OR OTHER ENTITY (OTHER THAN THE HEIRS, EXECUTORS OR ADMINISTRATORS OF SUCH PERSON) BY REASON OF SUBROGATION, ASSIGNMENT OR SUCCESSION BY ANY OTHER MEANS TO THE CLAIM OF ANY PERSON TO INDEMNIFICATION HEREUNDER OR UNDER THE CORPORATION'S BYLAWS.

## ARTICLE VII

## REGISTERED OFFICE AND AGENT

THE INITIAL STREET ADDRESS OF THE REGISTERED OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS 201 ALHAMBRA CIRCLE, SUITE 502, CORAL GABLES, FLORIDA 33134.

THE NAME OF THE INITIAL REGISTERED AGENT AT SUCH ADDRESS IS MANUEL M. ARVESU, ESQ.

## ARTICLE VIII

## INITIAL BOARD OF DIRECTORS

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#### THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF "(") MEMBERS. THE INITIAL DIRECTOR AND

#### THEIR ADDRESSES ARE:

NAME

**ADDRESS** 

MARIO E. HERNANDEZ (PRESIDENT)
MARIO R. HERNANDEZ (VICE PRESIDENT)
OSCAR HERNANDEZ (SECRETARY)
IOEL HERNANDEZ (TREASURER)

5689 NW 35<sup>TH</sup> COURT, MIAMI, FL 33142 5689 NW 35<sup>TH</sup> COURT, MIAMI, FL 33142 5689 NW 35<sup>TH</sup> COURT, MIAMI, FL 33142 5689 NW 35<sup>TH</sup> COURT, MIAMI, FL 33142

ARTICLE IX INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR IS:

NAME

**ADDRESS** 

MANUEL M. ARVESU

201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FLORIDA 33134

## ARTICLE X MAILING ADDRESS

THE INITIAL MAILING ADDRESS OF THE CORPORATION SHALL BE: 5689 NW 35<sup>TH</sup> COURT MIAMI, FL 33142

IN WITNESS WHEREOF, THE UNDERSIGNED HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS 19TH DAY OF OCTOBER, 2000.

MANUEL M. ARVESU INCORPORATOR

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#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

- 1. THE NAME OF THE CORPORATION IS: HERNANDEZ & SONS HOLDING CORP.
- 2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MANUEL M. ARVESU, ESQ. 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FLORIDA 33134 DIVISION OF CORPORATION

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SIGNATURE

DATE 10/19/2000

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.

MANUET M. ARVESU

DATE 10/19/2000

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