TRANSMITTAL LETTER

# P6000111392

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	DEL PINO CORPORATION	
	(proposed corporate name)	
Enclosed is an origifor \$_78.75	4001 ginal and one (1) copy of the articles of incorporation	103454574— -11/15/000108500 ******78.75 *****78 on and our check
FROM:	FLAVIO DEL PINO  Name (printed or typed)  215 E 17TH ST	-
	Address  HIALEAH, FLORIDA 33010.  City, State, & Zip	_
	( 305 ) 884-3421 Telephone Number	FILED  00 DEC -4 AM  SECRETARY OF STALLAHASSEE, FL

Note: Please provide the original and one copy of the Articles.

W-27412



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 17, 2000

FLAVIO DEL PINO 215 E 17TH ST HIALEAH, FL 33010

SUBJECT: DEL PINO CORPORATION

Ref. Number: W00000027412

We have received your document for DEL PINO CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Letter Number: 000A00059222

Gina Bullock Document Specialist

#### **ARTICLES OF INCORPORATION**

<u>OF</u>

DET.	PTNO	CORPORATION

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:

DEL PINO CORPORATION

Change TO - The DEL PINO GROUP INC.

ARTICLE II PRINCIPAL OFFICE

FILED

00 DEC -4 AM 8: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

215 E 17TH ST HIALEAH, FLORIDA 33010.

#### ARTICLE III CAPITAL STOCK

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

100 shares

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FLAVIO DEL PINO 215 E 17TH ST HIALEAH,FL 33010.

#### ARTICLE V INCORPORATOR(S)

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

FLAVIO DEL PINO

215 E 17 ST HIALEAH,FL 33010.

50 shs

MARIA DEL PINO

215 E 17TH ST HIALEAH,FL 33010.

50 shs

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

\_\_\_\_\_ day of \_

OCTOBER ,

19XX 2000.

Signature

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Signature

Articles of **Incorporation**Filing Fee - \$35

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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:	DEL PINO CORPORATION		<del></del>	
2.	The name and address of the regis	stered agent and office is:	TA:	00	·
	FLAVIO DEL PINO			E	**************************************
	(NAME)			<u>.</u>	1 200
	215 E 17TH ST	T SE	22		
	(P.O. BOX <u>NO</u>	[ACCEPTABLE)	,	8	ेशा
	HIALEAH, FLORIDA	33010	DA.	27	
	(CITY/S	TATE/ZIP)			

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 ZING