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Florida Department of State

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To:

Division of Corporations

: (850)922-4001

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541~3694

Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

NRONDA, CORP.

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



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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming—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:

nronda, corp

ARTICLE II PRINCIPAL OFFICE

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

6045 NW 186 STREET APTO 122 MIAMI FL 33015 SECRETARY OF STATE OF VISION OF CORPORATIONS

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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:

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.
The name and address of the initial registered agent is:

JAIRO SUAREZ ESLAVA

6045 NW 186 STREET APTO 122 MIAMI FL 33015

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ARTICLE V INCORPORATOR(S)

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

JAIRO SUAREZ ESLAVA 6045 NW 186 STREET APTO 122 MIAMI FL 33015

ARTICLE VI

PRESIDENT JAIRO SUAREZ ESLAVA 100% VICEPRESIDENT CARLOS SUAREZ VERGARA TREAUSURE NELSON SUAREZ

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

3 JANUARY day of	, 2001
(An additional article m	ust be added if an effective date is requested.)
Ŧ	Signature
<u> </u>	Carlos Sugres Signifure
<u>*</u>	Signature (

Notarization is not required

rn 999991320

NOTE: Affixing an officer title after a signature of an acorporator 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 \$TATE OF FLORIDA.

The name of the corporation is:

NRONDA, CORP

1. The name and ac	idress of the registered agent and office is:	DIVISE 01
	JAIRO SUAREZ ESLAVA	JAN -
-	NAME	F CORRE
	6045 NW 186 STREET APTO 122	PH 12: 26
-	(P.O. BOX OR MAIL DROF BOX NOT A CEPTABLE)	26 26
	MIAMI FL 33015	
• -	(CITY/STATE/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) (DATE)

DIVISION DE CORPORATIONS, P. O. BOX 63: 7, TALLAHASSEE, FL 32314

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