## LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION OTHER FILINGS QUALIFICATION Annual Report **Foreign Fictitious Name** Limited Partnership Name Reservation

Reinstatement

Examiner's Initials

Trademark

Other

ARTICLES OF INCORPORATION



### AKTICLE I-NAME

The name of the Corporation is ALL OUT NEO'S INC

# ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

# ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

11075 SW 52 DR MIAMI, FL 33165

#### ARTICLE 4- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at this time is: 100 shares

#### ARTICLES OF INCORPORATION

#### ARTICLE V

#### **INCORPORATORS (S)**

The name(s) and address (es) of the incorporator(s) to these articles of incorporation is (are):

GUILLERMO PORTUONDO 11075 SW 52 DR MIAMI,FL 33165

#### ARTICLE VI DIRECTOR (S)

The name and street address (es) of the director(s) to these Articles of Incorporation is/are. Guillermo Portuondo (Pres.)
11095 SW 52 Dr.
Wiami, Fl 33165

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

| T   | his: 17 | day of: | JANUARY | OF 2001 |
|-----|---------|---------|---------|---------|
| ( H | Signatu |         |         | _       |
|     | Signatu | ire     |         |         |

Signature

# CERTIFICATE OF DESIGNATION REGISTER AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, of the State of Florida

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:

ALL OUT NEO'S INC

## 2. The name and address of the registered agent is.

| GUILLERMO PO   | RTUONDO  |   |   |  |  |          |
|--|--|---|---|--|--|----------|
|  |  | NAM   | 1E  |  | ······································ |          |
| Address<br>11075 SW 52 DR  |  | (P.O B  | OX NOT  | ACCEPTA  | ABLE)                                  |          |
| City. MIAMI  |  | FL .Zip   | Code  | 33165  |  |          |
| HAVING BEEN ACCEPT SERVI CORPORATION CERTIFICATE. I HEREBY ACC AGENT AND AC I FURTHER AG ALL STATUTES PERFORMANCE I AM FAMILIAN POSITION AS R SIGNATUREX | CE OF PRIVATITHE EPT THE EREE TO CE ERELATIVE OF MY 1 E OF MY 1 E AND ACCE | APPOINTME<br>APPOINTME<br>ACT IN THIS<br>COMPLY WIT<br>NG TO THE P<br>DUTIES.<br>CEPT THE OF<br>ED AGENT. | THE ABO<br>GNATED<br>ENT AS R<br>CAPACI<br>THE P<br>ROPER | OVE STA' IN THIS REGISTER TY. PROVISIO AND COM | TED  RED  NS OF  APLETE                | 61 MV 10 |
| DATE1/17/01  |  |   |   |  | 96.58                                  |          |