

Florida Department of State

Division of Corporations Public Access System Katharine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000014878 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this

page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)922-4001

From:

Account Name : BERRIZ & GTRALDO P.A. Account Number : I19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

FLORIDA PROFIT CORPORATION OR P.A.

ANBRIZA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exc

1/1/99

9- 83J |

AM 9: 24

Page 1 of 2

N. Culligan FEB 7 2001

H010000148782

ARTICLES OF INCORPORATION

OF

ANBRIZA, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

ARTICLE |

01 FEB - 6

AM 9:

The name of this corporation shall be:

ANBRIZA, INC.

ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

Name:

ANBRIZA, INC.

Nora Giraldo. 4080 SW By Gue Miomi, FI 33155 (305) 485 9300 4010000148782

H010000148782

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ANDRES EULOGIO BRIZUELA 4658 NW 97 TH COURT MIAMI, FL. 33178

The principal office shall be:

۶.

....

ч,

4658 NW 97 TH COURT MIAMI, FL. 33178

H010000148782

4010000148782

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (2) person, and the name and address of the person who is to serve as an initial director is:

ANDRES EULOGIO BRIZUELA 4658 NW 97 TH COURT MIAMI, FL. 33178

· ·

٠.

JUAN CARLOS CORVALAN 4658 NW 97 TH COURT MIAMI, FL. 33178

PRESIDENT ESIDENT

The name and address of the incorporator executing these articles of incorporation

ANDRES EULOGIO BRIZUELA 4658 NW 97 TH COURT MIAMI, FL. 33178

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 6 days of FEBRUARY, 2001

ANDRES'EUI OGIO BRIZUELA

H010000148782

H010000148782

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

ANBRIZA, INC.

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

ANDRES EULOGIO BRIZUELA 4658 NW 97 TH COURT MIAMI, FL. 33178

HAVING BFEN 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 AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE	01 FEI	DIVISION
Dated: FEBRUARY 6, 2001	β-6	TARY
H010000148782.	AM 9:24	OF STATE