# P010000 19808

## TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 OF THE PARTY OF TH

100003747371--6 -02/22/01--01060--012 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: ARCOR INTERNATIONAL CORP.

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM:	GELBER AND COMPANY	DR
	Name	
	285 N.W. 199 <sup>TH</sup> Street, Suite 204	
	Address	
	Miami, FL 33169	· · · · · · · · · · · · · · · · · · ·
	City, State & Zip	<del></del> -
	(305) 651-8000	
	Daytime Telephone number	

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#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

# ARCOR INTERNATIONAL CORP.

02-21-01

# ARTICLE II PRINCIPAL OFFICE

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

4993 SW 74<sup>TH</sup> COURT MIAMI, FL 33155

#### ARTICLE III SHARES

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

100

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

The name and Florida street address of the initial registered agent are:

NIKOLAS ARVANITOPOULOS 4883 SW 74<sup>TH</sup> COURT MIAMI, FL 33155

## ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

NIKOLAS ARVANITOPOULOS 4993 SW 74<sup>TH</sup> COURT MIAMI, FL 33155



# ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: FEBRUARY 21, 2001

Signature/Incorporator

09/21/01

Date

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/Registered Agent

Date

IN WITNESS WHEREOF,
I have signed by name and affixed
my official notary seal this
dayof 2 200 \_\_\_\_\_

Notary Public

OFFICIAL NOTARY STAL

KELLY C WATSON

NOTARY FUBLIC STATE OF FLORIDA

COMMISSION NO. COSSESSAS

MY COMMISSION EXP. NOV. 17:2001