# PO1000024179

## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

z (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346

DIVISION OF CORPORATIONS

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## FLORIDA PROFIT CORPORATION OR P.A.

BOMBINI CORP.

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

#### ARTICLES OF INCORPORATION

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

#### **ARTICLE I**

The initial name and address of this corporation shall be:

BOMBINI CORP. 8565 NW 68 STREET MIAMI, FL 33166

#### **ARTICLE II**

This corporation may engage in any activity or business permitted under the laws of the State of Florida.

#### **ARTICLE III**

The capital stock authorized, the par value thereof, and the characteristics of such stock shall be as follows:

Number of Shares Par Value Class of Authorized Per Share Stock

500 \$1.00 Common

#### **ARTICLE IV**

The name and address of the initial registered agent is:

LEYDA RON 20505 EAST COUNTRY CLUB DRIVE, APT 133 AVENTURA, FL 33180

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#### **ARTICLE V**

Leyda Ron - Director 20505 East Country Club Drive, Apt 133

Aventura, FL 33180

Sonia Garcia - Director 20505 East Country Club Drive, Apt 133

Aventura, FL 33180

Omar Diaz - Director 20505 East Country Club Drive, Apt 133

Aventura, FL 33180

The undersigned incorporators have executed these Articles of Incorporation

this <u>02</u> day of <u>03</u>. , 2001.

Signature

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:
BOMBINI CORP.
2. The name and address of the registered agent and office is:
LEYDA RON
20505 EAST COUNTRY CLUB DRIVE, APT 133 MIAMI, FL 33180
Signature Guntafer = 55
Signature General OF SEE
Date 03/02/2001 3 03
THE ABOVE STATED CORPORATION, AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND
COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE
DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

03/02 /2001.