# 10000 SQ/QC TALLAH, 5-1801

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Requestor's Name

Address

City State ZiP Phone

SECRETARY OF STATE ALLAHASSEE, FLORID

600004272866--1 -05/21/01--01027--014 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

CORPORATION(S) NAME

|                         |                    | ;               |                          |  |
|-------------------------|--------------------|-----------------|--------------------------|--|
| PRIVATE                 | NUESTORS           | s con           | SORTIUM                  | INC.   |
|                         |                    |                 |                          |  |
|                         |                    |                 |                          | STATE OF THE STATE |
|                         |                    |                 |                          |  |
|                         |                    |                 |                          |  |
|                         |                    |                 | C                        | •  |
|                         |                    |                 | CORTOR TION              | Toll Free  |
| Y Profit                |                    |                 |                          |  |
| ( NonProfit             | ( ) Amendment      |                 | ( ) Merger               | ree  |
| ( ) Foreign             | ( ) Dissolution    |                 | ( ) Mark                 |  |
| ( ) Limited Partnership | ( ) Annual Repo    | rt              | ( ) Other                | 800  |
| ( ) Reinstatement       | ( ) Reservation    | T               | ( ) Change of Registere  | d Agent  |
| ( ) Certified Copy      | ( ) Photo Copies   | \$              | ( ) Certificate Under Se | 1-800-432-3028   |
| ( ) Call When Ready     | ( ) Call If Proble | em .            | ( ) After 4:30           | 302  |
| Walk In                 | ( ) Will Wait      | ( Pick Up       | ( ) Mail Ou              | , ŠŠ   |
| Name                    |                    |                 | "                        |  |
| Availability            |                    | CERTT           | T100                     |  |
| Document                |                    | $\omega_{C}(1)$ | F1012                    |  |
| Examiner                |                    | Co              | VQ1                      |  |
| Updater                 |                    |                 |                          |  |
| Vorifier                |                    |                 |                          |  |
| Acknowledgment          |                    |                 | 17/10                    | 1  |

CR2E031 (R8-85)

W.P. Verifier

### ARTICLES OF INCORPORATION

FILED

of

OI MAY 21 AM 9: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### PRIVATE INVESTORS CONSORTIUM, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I - CORPORATE NAME

The name of the corporation is:

#### PRIVATE INVESTORS CONSORTIUM, INC.

#### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV- CAPITAL STOCK

The corporation is authorized to issue one hundred thousandhares (100,009 of one cent (100,009) of par value Common Stock, which shall be designated "Common Shares".

# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

| NAME    | MARIA LOURDES CUERVO           |           |
|---------|--------------------------------|-----------|
| ADDRESS | 1825 PONCE DE LEON BLVD. # 204 |           |
| CITY    | CORAL GABLES FLORIDA           | ZIP 33134 |

The principal office, if known, or the mailing address of the corporation is:

| NAME    | PRIVATE INVESTORS CONSORTIUM, INC. |                      |  |  |
|---------|------------------------------------|----------------------|--|--|
| ADDRESS | 1825 PONCE DE LEON BLVD. # 204     | -                    |  |  |
| CITY    | CORAL GABLES FLORIDA               | <sub>ZIP</sub> 33134 |  |  |

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

| -              | tion shall have ONE                          | directors initially. The number          | er of directors may be either |
|----------------|--|--|-------------------------------|
| increased or   | diminished from time to time by the By-I     | _aws, but shall never be less than one ( | 1). The names and addresses   |
| or the initial | director(s) of the corporation are as follow | vs:                                      |                               |
|                |  |  |                               |
| NAME           | MARIA LOURDES CUERVO                         | ,  |                               |
| ADDRESS        | 1825 PONCE DE LEON BLV                       | D. # 204                                 | -                             |
| CITY           | CORAL GABLES                                 | STATE FL                                 | <sub>ZIP</sub> 33134          |
| NAME           |  |  |                               |
| ADDRESS        |  | ·  |                               |
| CITY           |  | STATE                                    | ZIP                           |
| NAME           |  |  |                               |
| ADDRESS        |  |  |                               |
| CITY           |  | STATE                                    | ZIP                           |

# ARTICLE VI I - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| NAME_   | MARIA LOURDES CUERVO     |          |                      |
|---------|--------------------------|----------|----------------------|
| ADDRESS | 1825 PONCE DE LEON BLVD. | # 204    |                      |
| CITY    | CORAL GABLES             | STATE FL | <sub>ZIP</sub> 33134 |
| NAME    |                          |          |                      |
| ADDRESS |                          |          |                      |
| CITY    |                          | STATE    | ZIP                  |
| NAME    |                          |          |                      |
| ADDRESS |                          |          |                      |
| CITY    |                          | STATE    | ZIP                  |
|         |                          |          |                      |

| IN WITNESS WHER day of MAY | EOF, the undersigned s | subscriber(s) have executed these Articles | of Incorporation this | 15тн.  |
|----------------------------|------------------------|--|-----------------------|--------|
|                            |                        | -tout him                                  |                       | (Seal) |
|                            |                        | <del>///</del>                             |                       | (Seal) |
|                            |                        |  |                       | (Seal) |

FILED

OI MAY 21 AM 9: 45

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT
OF

| PRTVATE | PACTORVIA | CONSORTIUM. | TNC   |
|---------|-----------|-------------|-------|
| LUTAWID | THACOLOGO | CONSORTIUM  | TIME. |

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

| at 1825 PONCE DE LEON B                    | LVD. # 204   |
|--|--|
| CORAL GABLES, FL. 33                       | 134  |
| has named MARIA LOURDES CU                 | ERVO   |
| located at the aforesaid address, as its I | Registered Agent to accept service of process within |
| this state.                                |  |

#### *ACKNOWLEDGEMENT*

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)