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(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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-05/31/01--01072--010

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PELICAN FINANCE, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

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☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
01 MAY 31 PM 12:46
DIVISION OF CORPORATION

FILED
01 MAY 31 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION
OF

PELICAN FINANCE, INC

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
CORPORATION NAME

The corporation's name shall be: PELICAN FINANCE, INC.

ARTICLE II
DURATION

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

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of 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 (100) shares of Five (\$ 5.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

1126 West Flagler Street

Miami, FL 33130

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

FILED
01 MAY 31 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII

BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follow:

NAME: CLAUDIA M. PEREIRA
ADDRESS: 10000 NW 9 ST. CIRCLE, 19
CITY: MIAMI STATE: FLA Z.C.: 33172
NAME: CLAUDIA M PEREIRA
ADDRESS: 10000 N.W. 9 ST. CIRCLE, 19
CITY: MIAMI STATE: FL Z.C.: 33172
NAME: LUVY A. MONTIEL
ADDRESS: 5167 N.W. 2 TRR.
CITY: MIAMI STATE: FL Z.C.: 33126


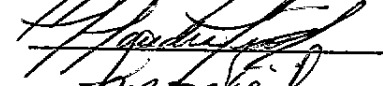
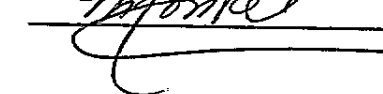
ARTICLE VIII

INCORPORATORS

The name and addresses of the incorporators signing these Articles of the incorporation, are as follow:

NAME: CLAUDIA M PEREIRA TITLE: PRESIDENT
ADDRESS: 10000 N.W. 9 ST CIRCLE 19
CITY: MIAMI STATE: FL Z.C.: 33172
NAME: CLAUDIA M PEREIRA TITLE: SECRETARY
ADDRESS: 10000 N.W. 9 ST. CIR 19
CITY: MIAMI STATE: FL Z.C.: 33172
NAME: LUVY A MONTIEL TITLE: TREASURER
ADDRESS: 5167 N W. 2 TERR
CITY: MIAMI STATE: FL Z.C.: 33126

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation, this 25 day of MAY of 2001


 (Seal) _____ (Seal)
 (Seal) _____ (Seal)
 (Seal) _____ (Seal)

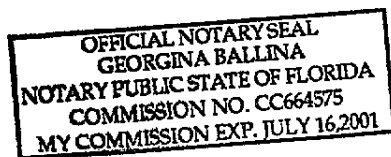
STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

Claudia M. Pereira, Martha C. Ramos and Luvy A. Montiel
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 8th day of February of 2001.


Notary Public
State of Florida at large



CERTIFICATE OF REGISTERED AGENT

OF

PELICAN FINANCE, INC.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That PELICAN FINANCE, INC desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at city of Miami, County of Miami-Dade State of Florida, has named:

To: Claudia M. Pereira

Located at: 10000 NW 9 St Circle 19

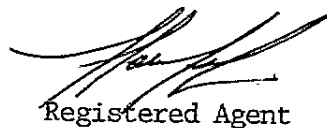
City of: Miami County of: Miami-Dade

State of Florida.

at its 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

FILED
01 MAY 31 PM 2:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA