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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

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

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 DIVISION OF CORFORATION

FLORIDA PROFIT CORPORATION OR P.A.

MYRNA FARINAS, INC.

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

ARTICLES OF INCORPORATION OF

- MYRNA FARINAS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be: MYRNA FARINAS, INC.

The principal place of business of this corporation shall be:

3541 N.W. 2 TERRACE MIAMI, FLORIDA 33125

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 SHARES AT \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MYRNA FARINAS 3541 N.W. 2 TERRACE MIAMI, FLORIDA 33125 SECRETARY OF STATE DIVISION OF CORPURATIONS

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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MYRNA FARÎNAS 3541 N.W. 2 TERRACE MIAMI, FLORIDA 33125

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this $\frac{29TH}{19}$ day of $\frac{JUNE}{19}$.19

Signature(s)	of Incorporator(s)
Myma	Varinas
8	1

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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:
MYRNA FARINAS, INC.
2. The name and address of the registered agent and office is:
MYRNA FARINAS
(P.O. BOX NOT ACCEPTABLE)
3541 N.W. 2 TERRACE MIAMI, FLORIDA: 33125
(CITY/STATE/ZIP)
SIGNATURE Myna Jaunas
TITLE PRESIDENT
TITLE PRESIDENT 29 A 8: 58
8: 56 5: 68
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR 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 DESIGNANCE OF MY DUTIES, AND LACCEPT THE

DATE_

607.325,

JUNE 29, 2001

DUTIES AND OBLIGATIONS OF SECTION

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STATUTES.