Division of Corporations

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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 : SERBER & ASSOCIATES, P.A.

Account Number : I2000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

FLORIDA PROFIT CORPORATION OR P.A.

MITRANI PROPERTIES, INC.

Certificate of Status

Certified Copy

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ARTICLES OF INCORPORATION OF

MITRANI PROPERTIES, INC.

ARTICLE I.

CORPORATE NAME

The name of this corporation shall be:

MITRANI PROPERTIES, INC.

ARTICLE II.

NATURE OF CORPORATE BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III.

CAPITAL STOCK

This Corporation is authorized to issue a maximum of One Thousand (1,000) shares of common stock having a par value of One Dollars (\$1.00) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV.

INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

Salomou Mitrani 8877 Collins Ave., #509 Surfside, FL 33154

ARTICLE V.

MAILING ADDRESS OF CORPORATION

The Corporation's mailing address shall be:

8877 Collins Ave., #509 Surfside, FL 33154

ARTICLE VI.

BOARD OF DIRECTORS

The number of Directors may be altered from time to time by By-Laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

ARTICLE VII.

INITIAL DIRECTOR

The name and p	ost office address of the	ifirst Director of the	e Corporation is:
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Name

Address

Salomon Mitrani

8877 Collins Ave., #509 Surfside, FL 33154

The first Director shall hold office until the first annual meeting of the Stockholders of the Corporation.

THE UNDERSIGNED Incorporator, for the purpose of forming a Corporation to do business within the State of Florida, does make and file these articles of Incorporation, hereby declaring and certifying that the facts stated are true.

Salomon Mitrani.

STATE OF FLORIDA

SS

COUNTY OF MIAMI-DADE:

BEFORE ME, the undersigned authority, appeared Salomon Mitrani, who is personally known to me or who has produced ______ as identification, and acknowledged that he executed said Articles of Incorporation, and who did take an oath.

WITNESS my hand and seal in the State and County aforesaid, this 4 day May, 2001.



NOTARY PUBLIC, State of Florida
Print Name: Seven S. Seven

My Commission Expires:

The undersigned hereby accepts the foregoing designation as initial Registered Agent and agrees to comply with the provisions of law applicable to said agrees.

Salomon Mitrani, Registered Agent

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