

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.  
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101  
(Address)

CORAL GABLES, FL 33134 305-444-4994  
(City, State, Zip) (Phone #)

600004538536-0  
08/16/01-DID49-015  
\*\*\*271.25 \*\*\*78.75

OFFICE USE ONLY

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

1. GENEH ENTERPRISES, INC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 16 PM 12:22  
NOT IN STAND  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
GENEL ENTERPRISES, INC.**

---

**ARTICLE I.**

**CORPORATE NAME**

The name of this Corporation shall be:

**Genel Enterprises, Inc.**

The permanent and mailing address of the corporation shall be:

**150 Alhambra Circle, Suite 800, Coral Gables, Florida 33134**

**ARTICLE II.**

**NATURE OF CORPORATE BUSINESS**

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

**ARTICLE III.**

**CAPITAL STOCK**

This Corporation is authorized to issue a maximum of One Hundred (100) Shares of Stock. The Shares of Stock authorized shall be common stock having a par value of one (\$1.00) DOLLAR 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:

**Horacio L. A. Alvarez, 4779 Collins Avenue, Unit 2704, Miami Beach, FL 33140**

**ARTICLE V.**

**BOARD OF DIRECTORS**

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

**FILED**  
01 AUG 16 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE VI.  
INITIAL BOARD OF DIRECTORS

The name and post office address of the initial member(s) of the initial Board of Directors is/are:

<u>Name</u>	<u>Address</u>
Horacio L. A. Alvarez	4779 Collins Avenue, Unit 2704 Miami Beach, FL 33140

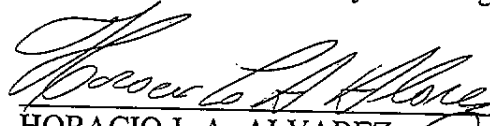
The members of the first Board of Directors shall hold office until the first annual meeting of Stockholders of the Corporation.

ARTICLE VII.  
INCORPORATOR

The name and post office address of the Incorporator executing these Articles of Incorporation is as follows:

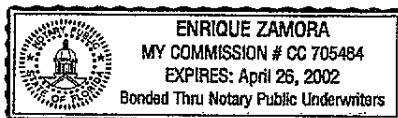
<u>NAME</u>	<u>ADDRESS</u>
Horacio L. A. Alvarez	4779 Collins Avenue, Unit 2704 Miami Beach, FL 33140

The undersigned Incorporator(s), 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.

  
HORACIO L.A. ALVAREZ

STATE OF FLORIDA                     ]  
COUNTY OF MIAMI-DADE        ] SS.:

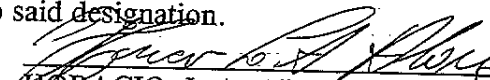
The foregoing instrument was acknowledged by me this 15<sup>th</sup> day of August, 2000, by HORACIO L.A. ALVAREZ, who is personally known to me and/or who has produced a FLA DRIVER LICENSE as identification.



My Commission Expires:

NOTARY PUBLIC

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

  
HORACIO L.A. ALVAREZ

FILED  
AUG 16 PM 1:34  
CLERK OF STATE  
TALLAHASSEE  
FLORIDA