

TRANSMITTAL LETTER

PO1000090599

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

000004585830--5  
-09/12/01--01055--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

SUBJECT: UMANZOR AA CORP  
(Proposed corporate name - must include suffix)

000004585830--5  
-09/12/01--01055--015  
\*\*\*\*\*27.80 \*\*\*\*\*27.80

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: MELVIN A. UMANZOR  
Name (Printed or typed)

1418 W. Flagler Street  
Address

Miami, FL 33135  
City, State & Zip

(786) 251-9517 or (305) 631-0609  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED  
01 SEP 12 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B 9-14-01

ARTICLES OF INCORPORATION

FILED

1. The name of the corporation shall be: UMANZOR AA, CORP
2. The principal place of business and mailing address of the corporation is: 1351 SW 2nd Street #4, Miami, FL 33135
3. The corporation shall have the authority to issue 50 (25.00) c/a shares of stock.
4. The registered agent of the corporation is MELVIN A. UMANZOR and the registered street address is 1351 SW 2nd Street #4, Miami, FL 33135, Florida 33135.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: MANUEL A. UMANZOR

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Ligia M. Cuadra whose street address is 1418 West Flagler Street, Miami, FL 33135

Dated 09/10/01

  
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 09/10/01

  
Registered Agent