

PD1000106258

Registrant's Name

"F. L. M. CORPORATION"

3600 NW SOUTH RIVER DR. SUITE 200

MIAMI, FLORIDA 33166

TELEF. (305) 887-7288 (305) 887-2732

FILED

01 NOV-5 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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(Corporation Name) (Document #)

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(Corporation Name) (Document #)

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

CR2E031(7/97)

Examiner's Initials

G. BLALOCK NOV 5 2001

W0124335



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 22, 2001

F.L.M. CORPORATION  
8600 NW S RIVER DR STE 200  
MIAMI, FL 33166

SUBJECT: F.L.M. CORPORATION  
Ref. Number: W01000024335

We have received your document for F.L.M. CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock  
Document Specialist  
New Filing Section

Letter Number: 401A00057988

**ARTICLES OF INCORPORATION**

**OF**

**"F.L.M. CORPUS , INC."**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NAME**

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

**ARTICLE I NAME**

*The name of the corporation shall be :*

**" F . L . M . CORPUS, INC."**

**ARTICLE II PRINCIPAL OFFICE.**

*The principal place of business and mailing address of this corporation shall be:*

8600 N W South River Dr. Suite 200  
Miami, Florida. Zc. 33166  
Telf: (305) 887-7288 (305) 887-2732

### **ARTICLE III**

*The number of shares of stock that this corporation is authorized to have outstanding at any one time is:*

*One hundred shares of non – par value*

### **ARTICLE IV**

#### **INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial Registered Agent is:*

**MAGDALENA NIEBLES**

8600 N W South River Dr. Suite 200

Miami, Florida. 33166

Telf: (305) 887-7288 (305) 887-2732

### **ARTICLE V**

#### **INCORPORATOR (S) & INITIAL BOARD OF DIRECTORS**

*The name (s) and street address (es) of the incorporator (s) to these articles of Incorporation are:*

**PRESIDENT: MAGDALENA NIEBLES**

8600 N W: South River Dr. Suite 200

Miami, Florida 33166

Telf: (305) 887-7288 (305) 887-2732

**VICE-PRESIDENT: BLANCA GAVINO**

8600 N W South River Dr. Suite 200

Miami, Florida 33166

Telf: (305) 887-7288 (305) 887-2732

**SECRETARIO : *FRANK OSPINA***

8600 N W. South River Dr. Suite 200

Miami, Fl. 33166

Telf: (305) 887-7288 (305)887-2732

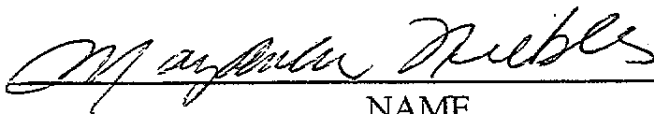
**TESORERO : *LUIS MERINO***

8600 N W South River Dr, Suite 200

Miami, Fl. 33166


Telf; (305) 887-7288 (305) 887-2732

The undersigned incorporator (s) has (have) executed these Articles  
of Incorporation this 4rd day of October 2001



NAME

P R E S I D E N T



NAME

V I C E - P R E S I D E N T

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

NAME  
PRESIDENT

*Magdalen Hubbs*

October 03, 2001  
(Date)