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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)

: (850)205-0381

From:

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

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)599-0839 Fax Number : (305)716-0346 SECHETARY OF STATE
DIVISION OF CORPORATIONS

02 FER -8 MM 8: 19

FLORIDA PROFIT CORPORATION OR P.A.

TROPICAL AGENCY SERVICES, INC.

COLUMN CONTRACTOR DE LA COLUMN	managerita in a la l
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ARTICLE OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do herby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is Tropical Agency Services, Inc.

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized are:

- 1.- To engage in the business of Community Services.
- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3.- To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY:

DIVISION OF CORPCEATION

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The Street address of the initial business office of the corporation is 3799 A N.W 7th St. Mismi Florida 33126.

and the name of its initial registered agent is Nery Manzano.

ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is Three . The name and address of each person who is to serve as a member of the initial board of directors is:

 NAME
 ADDRESS

 Juan Carlos Perez
 3799 A. N.W 7 St. Miami FL. 33126.

 Alejandro Hernandez
 3799 A. N.W 7 St. Miami Fl. 33126.

 Nery Manzano
 3799 A. N.W 7 St. Miami Fl. 33126.

ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME

Address

Nery MAnzano

3799 A. N.W 7 St. Miami F1. 33126.

Executed by	the undersigned	at MIAMI,	FLORIDA	
on February 5	, kR 2002			,

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICIFAL FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 F submitted, in compliance with said	lorida Statutes, the following i
First-That Tropical Agency Service	es. Inc.
(NAME OF	CORPORATION)
desiring to organize under the laws	of the State of FLORIDA
•	(FLORIDA)
with its principal office, as indicincorporation at City of Miami	cated in the articles of
	(CITY) county
Of HARM	•
DATE.	State ofFLORIDA
(COUNTRY)	(STATE)
has named Warra Manager	(DIMIE)
MELY PRIZADO.	•
(NAME OF	RESIDENT AGENT)
located at 3799 A. N.W 7 St. Miami FI	<u>. 33</u> 126.
. FOST OFFICE BOX ADDR	ESS NOT ACCEPTABLE)
City of	
(CITY)	. County of DADE
CLLIF	(COUNTRY)
State of Florida as its	· - · · · · · · · · · · · · · · · ·
State of Florida, as its agent to a this state.	scept service of process within
ACKNOWLEDGEMENT: (MUST BE SIGNED BY	(DESIGNATED AGENT)
Having been named to seem	
Having been named to accept service stated corporation, at place designs	e of process for the above
stated corporation, at place designate to accept to act in this capacitation.	ited in this certificate. I
nereby accept to act in this capacity provision of said Act relative to ke	y, and agree to/comply with the
provision of said Act relative to ke	eping open sald office
	/ 8/ . ///-
	BY L fly longon
	STONATURE
	REGISTERED AGENT
	AND .
•	INCORPORATOR