

OFFICE USE ONLY

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

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Walk in Pick up time	Certified Copy	MAR -1 NA 11
Mail out Will wait	Photocopy Certificate of Status	27 TS
NEW FILINGS	AMENDMENTS	02 MAR - SECRETAF ALLAHAS!
Profit	Amendment	- 38 J
NonProfit	Resignation of R.A., Officer/Director	F.F.
Limited Liability	Change of Registered Agent	t: 5; ORID ORID
Domestication	Dissolution/Withdrawal	55 10A
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OTHER FILNGS
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	REGISTRATION/ QUALIFICATION
	Foreign
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	Trademark
,	Other

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Examiner's Initials

CR2E031(9/92)

# ARTICLES OF INCORPORATION FOR MERINO SERVICES CORP.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MERINO SERVICES CORP.

02 MAR - 1 PH 1:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

15110 SW 58 ST. MIAMI, FL 33193

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

## ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

REINALDO MERINO 15110 SW 58 ST. MIAMI, FL 33193

#### ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

REINALDO MERINO 15110 SW 58 ST. MIAMI, FL 33193

Signature of Incorporator

02/28/02 Date

### ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

REINALDO MERINO (P/D) MARIA R. MERINO (V/D) 15110 SW 58 ST. MIAMI, FL 33193

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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.

Signature

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SECRETARY OF STATE
O2 / 28 / O2 FLORIDA

Date