

**Form 26549**

USE ONLY  
**EXPRESS CORPORATE FILING SERVICE INC.**  
 (Requestor's Name)  
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 (Address)  
 CORAL GABLES, FL 33134 305-444-4994  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. FONSECAS CORP.  
 (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

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 checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

RECEIVED  
 02 MAR 11 PM 12:23  
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 02 MAR 11 PM 3:13  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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 -03/11/02--01040--020  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

Date MARCH 7, 2002

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

Re \_\_\_\_\_ FONSECAS CORP. \_\_\_\_\_, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

\_\_\_\_\_  
FONSECAS CORP.

\_\_\_\_\_  
(name of corporation)

MAILING ADDRESS OF CORPORATION

555 NW 72 AVE #105

MIAMI, FLORIDA 33126

PHONE

( 305 ) 978-1952

Area Code

Number

Ext.

# ARTICLES OF INCORPORATION

of

FONSECAS CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

FONSECAS CORP.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	FRANK FONSECA
ADDRESS	555 NW 72 AVE #105
CITY	MIAMI FLORIDA
ZIP	33126

The principal office, if known, or the mailing address of the corporation is:

NAME	FONSECAS CORP.
ADDRESS	555 NW 72 AVE #105
CITY	MIAMI FLORIDA
ZIP	33126

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	FRANK FONSECA	PRESIDENT
ADDRESS	555 NW 72 AVE #105	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME		
ADDRESS		
CITY		STATE ZIP
NAME		
ADDRESS		
CITY		STATE ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	FRANK FONSECA		
ADDRESS	555 NW 72 AVE #105		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7 day of MARCH, XX 2002

x Frank Fonseca (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

STATE OF FLORIDA )  
 COUNTY OF MIAMI-DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

FRANK FONSECA

x Frank Fonseca  
 Signature

FL DL#F522-260-72-370-1

Form of Identification

Signature

Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this 7 day of MARCH, XX 2002

Notary Signature

Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

FONSECAS CORP.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 555 NW 72 AVE #105

MIAMI, FLORIDA 33126

has named FRANK FONSECA

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Frank Fonseca  
*(registered agent)*

**FILED**  
02 MAR 11 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA