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

1. Alemani Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
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- ☐ 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 type="checkbox"/> Foreign	
<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Trademark	

02 APR 29 12:18 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*29*

Date APRIL 25, 2002

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

Re ALEMANI, INC, 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)

ALEMANI, INC.

(name of corporation)

MAILING ADDRESS OF CORPORATION

7901 NW 67 AVE

TAMARAC. FLORIDA 33321

PHONE

( 954 ) 722-5886

Area Code

Phone Number

Ext.

**ARTICLES OF INCORPORATION**

of

ALEMANI, INC.

(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:

ALEMANI, INC.

**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	ALVARO LAVERDE				
ADDRESS	7901 NW 67 AVE				
CITY	TAMARAC	STATE	FLORIDA	ZIP	33321

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

NAME	ALEMANI, INC.				
ADDRESS	7901 NW 67 AVE				
CITY	TAMARAC	STATE	FLORIDA	ZIP	33321

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ALVARO LAVERDE	PRESIDENT
ADDRESS	7901 NW 67 AVE	
CITY	TAMARAC	STATE FLORIDA ZIP 33321
NAME	MARTHA LAVERDE	VICE PRESIDENT
ADDRESS	7901 NW 67 AVE	
CITY	TAMARAC	STATE FLORIDA ZIP 33321
NAME		
ADDRESS		
CITY	STATE	ZIP

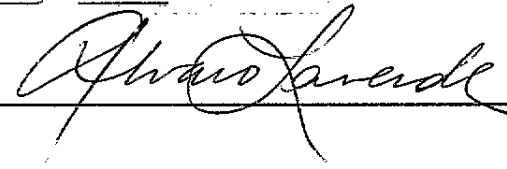
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20 APR 29 PM 2:06  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

### Article VII - INCORPORATORS

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

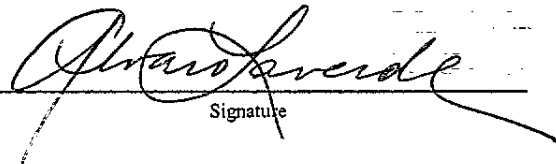
NAME	ALVARO LAVERDE		
ADDRESS	7901 NW 67 AVE		
CITY	TAMARAC	STATE	FLORIDA ZIP 33321
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 25 day of APRIL, ~~XX~~ 2002

  
 \_\_\_\_\_ (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: ALVARO LAVERDE

 _____ Signature	<u>EL DL# L163-000-43-259-0</u> _____ 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.

NOTATRY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this

25 day of APRIL, ~~XX~~ 2002

\_\_\_\_\_  
 Notary Signature

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

ALEMANI, INC.

*(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 7901 NW 67 AVE

TAMARAC, FLORIDA 33321

has named ALVARO LAVERDE

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.

  
(registered agent)

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