

OFFICE USE ONLY (DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY - 1 PM 4: 7

FILED

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

1. DOMMAR INC.

(Corporation Name)

(Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ 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
<input type="checkbox"/>	Other

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-04/30/02--01032--020
*****78.75 *****78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 30, 2002

LAZARUS

MIAMI, FL

SUBJECT: DOMMAR INC.
Ref. Number: W02000012338

We have received your document for DOMMAR INC.. However, the document has not been filed and is being returned for the following:

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) 245-6934.

Loria Poole
Corporate Specialist
New Filings Section

Letter Number: 502A00026589

RECEIVED
02 MAY -1 PM 3:38
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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 :

: **GOMBO INC.**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - PRINCIPLE OFFICE

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

**3601 Starboard Avenue
Cooper City FL 33026**

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is : **7,500**

ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

**Dominique Gombaudo Saintonge
3601 Starboard Avenue
Cooper City FL 33026**

ARTICLE V - INCORPORATOR(S)

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

Dominique Gombaudo Saintonge
3601 Starboard Avenue
Cooper City FL 33026

Marise Pastori Gombaudo Saintonge
3601 Starboard Avenue
Cooper City FL 33026

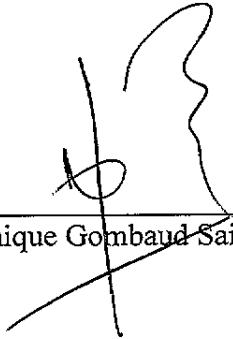
ARTICLES VI - DIRECTOR(S)

The names and street addresses of the directors to these Articles of Incorporation are :

Dominique Gombaudo Saintonge
3601 Starboard Avenue
Cooper City FL 33026

Marise Pastori Gombaudo Saintonge
3601 Starboard Avenue
Cooper City FL 33026

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____ 2002.



Dominique Gombaudo Saintonge



Marise Pastori Gombaudo Saintonge

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is :

GOMBO INC.

2. The name and address of the registered agent and office is :

Dominique Gombaudo Saintonge
3601 Starboard Avenue
Cooper City FL 33026

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

Signature : _____

Date : _____

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