

§212

FLORIDA LEGAL SECRETARY

2-24.16

PO2000054984

TRANSMITTAL LETTER

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

SUBJECT: CONSTRUCTORA OJ, INC.
(proposed corporate name)

400005556114--2
-05/16/02--01086--008
*****78.75 *****78.75

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM:

ORESTE LECCESE G.

Name 7239 SW 159 Ave.
Address
MIAMI, FL. 33193
City, State, & Zip
(305) 7521617
Telephone Number

MAILING ADDRESS: 7239 SW 159 AVE. MIAMI, FL. 33193

02 MAY 16 PM 12:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed only when certified copy is requested.

Bm 5/17

ARTICLES OF INCORPORATION

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:

"CONSTRUCTORA OJ, INC. "

ARTICLE II PRINCIPAL OFFICE

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

2240 NW 87 AVE. MIAMI. FLORIDA. 33172

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 (one hundred).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ORESTE LECCESE G.
2240 NW. 87 AVE.
MIAMI.FLORIDA. 33172

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is :

ORESTE LECCESE G.
2240 NW. 87 AVE.
MIAMI.FLORIDA. 33172.(305)5923972/79

FILED
02 MAY 16 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Signature/Incorporator

05/10/2002

Date

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

05/10/2002

Date

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

CONSTRUCTORA OJ, INC.

1. The name of the corporation is: _____

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

ORESTE LECCESE G.

_____ (NAME)
2240 NW. 87 AVE. MIAMI, FLORIDA. 33172

_____ (P.O. BOX NOT ACCEPTABLE)
MIAMI, FLORIDA. 33172

_____ (CITY/STATE/ZIP)

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

SIGNATURE  _____

DATE 05/10/2002 _____

REGISTERED AGENT FILING FEE: \$35.00

FILED
02 MAY 16 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
7, 10/91