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EXPRESS CORPORATE FILING SERVICE INC.

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OFFICE USE ONLY

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

1. LAMBDA ANTENAS, CORP.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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☐ 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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*****78.75 *****78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 14, 2002

EXPRESS CORPORATE FILING SERVICE, INC.
1000 PONCE DE LEON BLVD ,STE. 101
CORAL GABLES, FL 33134

SUBJECT: LAMBDA ANTENAS, CORP.
Ref. Number: W02000017427

We have received your document for LAMBDA ANTENAS, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6930.

Donna Graves
Document Specialist
New Filing Section

Letter Number: 002A00039107

ARTICLES OF INCORPORATION

The under signed 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:

LAMBDA ANTENAS, CORP.

ARTICLE II - PRINCIPAL OFFICE:

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

9810 N.W. 80 AVE. BAY 8-H
MIAMI, FLORIDA 33016

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02 JUN 14 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE HUNDRED SHARES TO \$20.00 EACH (\$10000.00 DOLLARS)

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

LUIS R. DEL CASTILLO
9810 N.W. 80 AVE. BAY 8-H
MIAMI, FLORIDA 33016

ARTICLE V - INCORPORATOR (S):

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

JOSE MARIA SOPENA QUESADA ON BEHALF OF LAMBDA, S.L.*
CALLE FRESNEDILLAS, #8
MADRID, ESPANA.

ARTICLE VI - DIRECTOR (S):

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

JOSE-MARIA SOPENA QUESADA ON BEHALF OF LAMBDA, S.L.*
CALLE FRESNEDILLAS #8
MADRID, ESPANA

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this

13 day of JUNE, ~~1999~~ XXXXXX 2002



JOSE-MARIA SOPENA QUESADA

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.

1. The name of the corporation is:

LAMBDA ANTENAS CORP.

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

LUIS R. DEL CASTILLO
9810 N.W. 80 AVE. BAY 8-H
MIAMI, FLORIDA 33016

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



LUIS R. DEL CASTILLO

DATE: JUNE 13, 2002

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SECRETARY OF STATE
TALLAHASSEE FLORIDA