

**1020000 77146**

**EXPRESS CORPORATE FILING SERVICE INC.**  
 (Requestor's Name)  
 1000 PONCE DE LEON BLVD. STE: 101  
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 CORAL GABLES, FL 33134 305-444-4994  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

**FILED**  
 02 JUL 16 PM 1:31  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

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

1. TRANSINVERSIONES OF AMERICA, INC.  
 (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

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 -07/16/02--01053--007  
 \*\*\*\*315.00 \*\*\*\*\*78.75

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

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**7/16**

Examiner's Initials

ARTICLES OF INCORPORATION  
FOR  
TRANSINVERSIONES OF AMERICA, INC.

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:

TRANSINVERSIONES OF AMERICA, INC.

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ARTICLE II PRINCIPAL OFFICE

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

1150 NW 185 TERR.  
PEMBROKE PINES, FL 33029

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT


The name and Florida street address of the initial registered agent shall be:

EDGAR M. ARAKI  
1150 NW 185 TERR.  
PEMBROKE PINES, FL 33029

ARTICLE V INCORPORATOR

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EDGAR M. ARAKI  
1150 NW 185 TERR.  
PEMBROKE PINES, FL 33029

  
\_\_\_\_\_  
Signature of Incorporator

07/15/02  
\_\_\_\_\_  
Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the Director(s)/Officer(s) shall be:

EDGAR M. ARAKI (P)  
1150 NW 185 TERR.  
PEMBROKE PINES, FL 33029

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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

07/15/02  
\_\_\_\_\_  
Date

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