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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number: I19990000017
Phone: (305)485-9300
Fax Number: (305)485-1098

OZ SEP 11 PM. 3: 48
SECRETARY OF STATE
ALLAMASSEF FLORIDA

# FLORIDA PROFIT CORPORATION OR P.A.

J.A INBERJES, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75



OF

### J.A INBERJES, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE 1

The name of this corporation shall be:

02 SEP 11 PM 3: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J.A INSERJES, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

J.A INBERJES, CORP.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Hoz 0001949310.

Ho2 000 1949310. ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MARIA DE LOS ANGELES DE POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122

The principal office shall be:

P.O. BOX 720394 MIAMI, FL. 33172

Ho2 000 194 9310

HO2 000 1949310 .

The initial Board of Directors shall consist of a total of SIX (06) persons, and the name and address of the persons who are to serve as initial directors are:

MARIA DE LOS ANGELES DE POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122 PRESIDENT

JAIME POMBO 7509 NW 25 STREET SUITE # 200 MIAMI, FL. 33122 VICEPRESIDENT

BRENDA MARIA POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122 VICEPRESIDENT

ERNESTÖ J. POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122 VICEPRESIDENT

JOSE A. POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122 VICEPRESIDENT

JAIME E. POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122 **VICEPRESIDENT** 

The name and address of the incorporator executing these Articles of Incorporation is

MARIA DE LOS ANGELES DE POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 10 day of SEPTEMBER, 2002

MARIA DE LOS ANGELES DE POMBO

Hoz 0001949310.

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision 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:

J.A INBERJES, CORP.

2. The Name and Address of the registered agent and office is

MARIA DE LOS ANGELES DE POMBO 7500 NW 25 STREET SUITE # 200 MIAMI, FL. 33122

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