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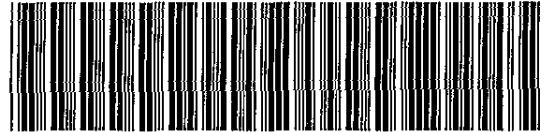
(Business Entity Name)

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DIVISION OF CORPORATION

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2002 NOV - 5 PM 2:32  
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TALLAHASSEE FLORIDA

2555  
W02-31432

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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**

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

1. ARAGON FAMILY CORP.  
(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

| 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/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

November 1, 2002

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

SUBJECT: ARAGON FAMILY CORP.  
Ref. Number: W02000031432

We have received your document for ARAGON FAMILY 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 registered agent and street address must be consistent wherever it appears in your document.

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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 602A00060048

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DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I, NAME**

The name of this corporation is **Aragon Family Corp.**

**ARTICLE II, NATURE OF BUSINESS**

**Aragon Family Corp.** is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of **Aragon Family Corp.** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

**Aragon Family Corp.** is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principle address of **Aragon Family Corp.** is:

10595 NW 43rd Terr  
Miami, Fl 33178

and the name of the initial registered agent of this corporation at this address is

Hector Aragon  
10595 NW 43rd Terr  
Miami, Florida 33327

#### ARTICLE VI, INITIAL DIRECTORS

Aragon Family Corp., shall have two (2) directors, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial director is:

Hector Aragon  
10595 NW 43rd Terr  
Miami, Fl 33178

President  
Director

Martha L. Aragon  
10595 NW 43rd Terr  
Miami, Fl 33178

Secretary  
Director

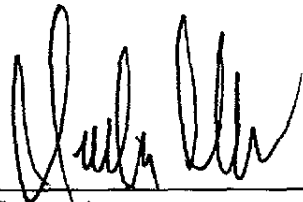
Alain Aragon  
10595 NW 43rd Terr  
Miami, Fl 33178

Treasurer  
Director

#### ARTICLE VII, INCORPORATOR

The name and address of the incorporator of this corporation is:

Hector Aragon  
10595 NW 43rd Terr  
Miami, Fl 33178

  
\_\_\_\_\_  
Hector Aragon  
Incorporator

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.0501, 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: Aragon Family Corp..

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

Hector Aragon

10595 NW 43rd Terr

Miami, Fl 33178

SIGNATURE 

TITLE President

DATE October 21, 2002

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 October 21, 2002