

P020000123744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

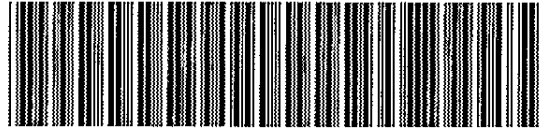
(Business Entity Name)

(Document Number)

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EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

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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 GRANDCHILDREN 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

**ARTICLES OF INCORPORATION**

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TALLAHASSEE, FLORIDA

**ARTICLE I, NAME**

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

**ARTICLE II, NATURE OF BUSINESS**

**Aragon Grandchildren 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 Grandchildren Corp.** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

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

**ARTICLE V, ADDRESS**

The principle address of **Aragon Grandchildren 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, Fl 33178

**ARTICLE VI, INITIAL DIRECTORS**

**Aragon Grandchildren Corp.** shall have three (3) 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

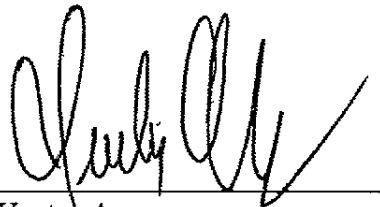
Alain Aragon  
10595 NW 43rd Terr  
Miami, Fl 33178

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

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TALLAHASSEE, FLORIDA

**ACCEPTANCE OF APPOINTMENT**

**OF**

**REGISTERED AGENT**

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.

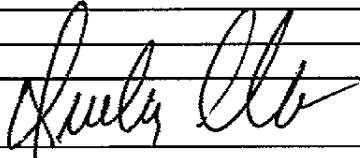
1. The name of the corporation is: Aragon Grandchildren Corp.

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 November 8, 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 November 8, 2002