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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | | | CORPORATION |
|--|---------------------------------------|--|--|
| | (PROPOSED CORPORA) | fe name – <u>Must Inclu</u> | IDE SUFFIA) |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | a check for: |
| \$70.00 Filing Fee | Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: VICTORIA BARTOLONE Name (Printed or typed) 1110 REDBIRD AJE | | | |
| | MIAMI SPRIN | • | 166 |
| | 305-885- | elephone number | |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I: NAME

The name of the corporation shall be:

Amicus Development Corporation

ARTICLE II: PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal place of business: 2100 West 76th Street

Suite 510

Hialeah, Florida 33016

Mailing address: Post Office Box 661272

Miami Springs, Florida 33266-1272

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is:

To conduct lawful business in the State of Florida

ARTICLE IV: SHARES

The number of shares of stock is:

One Hundred (100)

ARTICLE V: INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and title(s):

Victoria Bartolone: CEO, COO & CFO

Aldo Bartolone: President

ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is:

Aldo G. Bartolone, Jr. 5th Floor, South Trust Tower One East Broward Boulevard Fort Lauderdale, Florida 33301

ARTICLE VII: INCORPORATOR

The name and address of the Incorporator is:

Victoria Bartolone Post Office Box 661272 Miami Springs, Florida 33266-1272

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature /Registered Agent

Signature/Incorporator

11/20/0

SECRETARY OF STATE
TALL AHASSEE FLOOR