

**PD 3000079474**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H03000235954 2)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
03 JUL 18 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.**

**LE CARIBBEAN AMUSEMENT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

✓ P. WHITE JUL 18 2003

FILED

03 JUL 18 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA**ARTICLES OF INCORPORATION**  
OF**LE CARIBBEAN AMUSEMENT, INC.**  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)  
Competent to contract, hereby form a corporation under the laws of State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is: LE CARIBBEAN AMUSEMENT, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue Five hundred shares (500) of five Dollar (s)  
(\$ 5.00 ) par value common stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and name of the at office is:

NAME	ABRAHAM RUFFO			
ADDRESS	570 EAST 49 STREET			
CITY	HIALEAH	STATE	FL	ZIP 33013

The principal office, if known or the mailing address of the corporation is:

NAME	ABRAHAM RUFFO			
ADDRESS	570 EAST 49 STREET			
CITY	HIALEAH	STATE	FL	ZIP 33013

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO ( 2 ) director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one ( 1 ).

The name and addresses of the initial director ( s ) of the corporation are as follows:

NAME	ABRAHAM RUFFO	PRES / TREAS 50 %
ADDRESS	450 EAST 65 STREET	
CITY	HIALEAH	STATE FLORIDA ZIP 33013
NAME	MIGUEL F GONZALEZ	V/P / SECRETARY 50 %
ADDRESS	9145 NW 172 TERRA	
CITY	MIAMI	STATE FLORIDA ZIP 33018
NAME		
ADDRESS		
CITY		STATE ZIP
NAME		
ADDRESS		
CITY		STATE FLORIDA ZIP
NAME		
ADDRESS		
CITY		STATE FLORIDA ZIP

# ARTICLE VII - INCORPORATORS

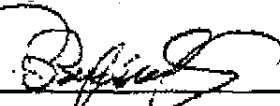
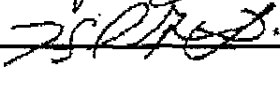
The name and addresses of the incorporators signing these Articles of Incorporation are as follows :

NAME	ABRAHAM RUFFO
ADDRESS	450 EAST 65 STREET
CITY	HIALEAH STATE FLORIDA ZIP 33013
NAME	MIGUEL F GONZALEZ
ADDRESS	9145 NW 172 TERRA
CITY	MIAMI STATE FLORIDA ZIP 33018
NAME	
ADDRESS	
CITY	STATE ZIP
NAME	
ADDRESS	
CITY	STATE ZIP
NAME	
ADDRESS	
CITY	STATE ZIP

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 17<sup>TH</sup> day of JULY, 2003.

PREPARED: SOSA ACCOUNTING TAX SERVICE  
570 EAST 49 STREET  
HIALEAH, FL 33013

(305) 688 - 1716  
(305) 688 - 1714

 (Seal)  
 (Seal)  
\_\_\_\_ (Seal)  
\_\_\_\_ (Seal)  
\_\_\_\_ (Seal)

FILED

03 JUL 18 PM 3:32

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**LE CARIBBEAN AMUSEMENT, INC.**

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation.

**AT: 570 EAST 49 STREET**

**HIALEAH, FL 33013**

**Has named ABRAHAM RUFFO**

Located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with provisions of Florida Law in keeping open said office.

  
(registered agent)