

P03000/0/025

Page 1 of 1

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.

(((H03000277149 8)))

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

To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

RECEIVED
DIVISION OF CORPORATIONS
SEP 15 2003

03 SEP 15 PM 1:39

FILED

FLORIDA PROFIT CORPORATION OR P.A.

OMIFORA, CORP.

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

Electronic Filing Menu

Corporate Filing

Public Access Help

h
9-16

103 0002771498

ARTICLES OF INCORPORATION
OF
OMIFORA, 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 I

The name of this corporation shall be:

OMIFORA, 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:

OMIFORA, CORP.

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

103 0002771498

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

03 SEP 15 PM 1:40

FILED

403 000 277 1498.

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:

**LIDIA GARCIA
1398 NW 79 ST LOTE A-121
MIAMI, FL. 33147**

The principal office shall be:

**1398 NW 79 ST LOTE A-121
MIAMI, FL. 33147**

403 000 277 1498.

403 000 277 1498.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE (1)** persons, and the name and address of the person who is to serve as an initial director is:

LIDIA GARCIA
1398 NW 79 ST LOTE A-121
MIAMI, FL. 33147

PRESIDENT

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

LIDIA GARCIA
1398 NW 79 ST LOTE A-121
MIAMI, FL. 33147

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 15 SEPTEMBER, 2003

Lidia Garcia
LIDIA GARCIA

403 000 277 1498.

403 0002771498.

**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:

OMIFORA, CORP.

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

**LIDIA GARCIA
1398 NW 79 ST LOTE A-121
MIAMI, FL. 33147**

FILED
03 SEP 15 PM 1:40
TALLAHASSEE, FL

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

Lidia Garcia
Dated: SEPTEMBER 15, 2003

403 0002771498.