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To:

Division of Corporations

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Account Name : XIOMARA LEE, P.A.

Account Number : I20040000008 Phone (305) 262-2323

Fax Number : (305)262-2324

FLORIDA PROFIT CORPORATION OR P.A.

TRICOM MANAGEMENT PROPERTIES & INVESTMENTS CORP.

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XIOMARA LEE, P.A.

## ARTICLES OF INCORPORATION

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

#### ART CLE I NAME

The name of the corporation shall be:

TRICOM MANAGEMENT PROPERTIES & INVESTMENTS CORP.

## ART CLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3140 S. OCEAN DRIVE # 1704
HALLANDALE, FL 33009

#### ART: CLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES, PURCHASE, AND RENTAL LOAN SERVICES

#### ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): DIANA BELTRAN (PRESIDENT) 3140 B. CICEAN DRIVE #1704 HALLANDALE, FL 33009

### ARTICLE VI REGISTERED AGENT

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

DIANA BELTRAN 3140 S. OCEAN DRIVE #1704 HALLANDALE, FL 33009

#### ARTICLE VII INCORPORATOR

The n: me and address of the Incorporator is:

DIANA BELTRAN 3140 : 3. OCEAN DRIVE #1704 HALLANDALE, FL 33009

Having been named by repsfared agent to accept service of process ; certificate, I am fifnifiar with land accept the appointment as registered	for the above stated corporation at the place designated in this I agent and agree to act in this capacity
Walley .	02/17/2004
7 Signature/Registered Agent	Date
11 11 W MUL	02/17/2004
2 Signature Incorporator	Date

OF EEB 11 WWW. 24

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

RECESTERED AGENT

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