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.

(((H04000076704 3)))

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 : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599~0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

PARAFITA, CORP.

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

Electronic Filing Menu

Corporate Filing.

Public Access Help

ARTICLE OF INCORPORATION OF

Parafita, Corp.

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

ARTICLE ONE

THE NAME OF THE CORPORATION: Parafita, corp.

ARTICLE TWO

THE DURATION OF THE CORPORATION IS PERPETUAL

ARTICLE THREE

THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

- 1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFUL BUSINESS CONNECTED WITH Real Estate Investment
- 2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH OR AUXILIARY TO THE FOREGOING BUSINESS.
- TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORISED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1.00

ARTICLE FIVE

THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE OF THE CORPORATION IS: Jose L. Porto AND THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS: 16570 NE 26 Avenue 5F North Miami Beach, FL. 33160.

ARTICLE SIX

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS three (3) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER OF THE INITIAL BOARD OF DIRECTORS:

PRESIDENT: Jose L. Porto 16570 NE 26 Ave. 5F N. Miami Beach, FL. 33160 SECRETARY: Jose Antonio Porto 16570 NE 26 Ave. 5F N. Miami Beach, FL. 33160. TREASURER:

VICE PRESIDENT: Olga Lucia de Porto 16570 NE 26 Ave. 5F N. Miami Beach, FL. 33160

ARTICLE SEVEN

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS! Jose L. Porto 16570 NE-26 Ave. 5F N. Miami Beach, FL. 33160 ARE OF, THE UNDERSKINED HAS MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT DADE COUNTY FLORIDA THIS 12 DAY OF April 2004.

INCORPORATOR

Jose L. Porto

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORISED TO TAKE
ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTII ABOVE,
PERSONALLY APPEARED Jose L. Poito III KNOWN TO BE AND KNOWN BY ME
TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF
INCORPORATION, AND HE/SHE ACKNOWLEDGED BEFORE ME THAT HE/SHE
EXECUTED THOSE ARTICLES OF INCORPORATION.
IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN THE STATE AND
COUNTY ABOVE, ON 12 DAY OF April 2004.

NOTARY PUBLIC STATE OF FLORIDA COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

REGISTERED AGENT

Juse L. Porto

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORISED TO TAKE
ACKNOWLEDGEMENT IN THE STATE AND COUNTY SET FORTH ABOVE,
PERSONALLY APPEARED Jose L. Porto III KNOWN TO BE AND KNOWN BY ME
TO EXECUTE THE FOREGOING ACCEPTANCE BY REGISTERED AGENT, AND
HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THAT ACCEPTANCE
ON 12 DAY OF April 2004.

NOTARY PUBLIC STATE OF FLORIDA COMMISSION EXPIRES

O4 APR 12 AN 9:03
SECRETARY OF STATE
THE REPORT OF STATE
OF STATE