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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*(Handwritten signature)*

## TRANSMITTAL LETTER

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

**SUBJECT:** LATIN AMERICAN PETROCHEMICAL EMERGENCIES CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** RAMON R. CRESPO

Name (Printed or typed)

1700 N.W. 94 AVENUE

Address

MIAMI, FLORIDA 33172

City, State & Zip

(305) 322-9510

Daytime Telephone 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:

LATIN AMERICAN PETROCHEMICAL EMERGENCIES CORP.

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailing address is:

1700 N.W. 94 AVENUE  
MIAMI, FLORIDA 33172

### ARTICLE III      PURPOSE

The purpose for which the corporation is organized is:

EQUIPMENT SUPPLIES, TRAINING AND SERVICES FOR PETROCHEMICAL EMERGENCIES.

### ARTICLE IV      SHARES

The number of shares of stock is:

1000 SHARES OF COMMON STOCK

### ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RAMON CRESPO MORLES - PRESIDENT / DIRECTOR  
RAMON R. CRESPO - VICE PRESIDENT / DIRECTOR  
MARIA T. CRESPO - TREASURER / DIRECTOR  
MAURICIO DUARTE - SECRETARY / DIRECTOR

### ARTICLE VI      REGISTERED AGENT

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

RAMON R. CRESPO  
1700 N.W. 94 AVENUE  
MIAMI, FLORIDA 33172

### ARTICLE VII      INCORPORATOR

The name and address of the Incorporator is:

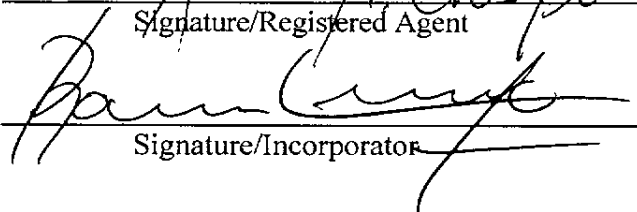
RAMON CRESPO MORLES  
1700 N.W. 94 AVENUE  
MIAMI, FLORIDA 33172

\*\*\*\*\*

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

4/15/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/15/04  
\_\_\_\_\_  
Date