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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. Espinoza Investments Inc. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time \_\_\_\_\_ Certified Copy Will wait Photocopy Certificate of Status Mail out AMENDMENTS **NEW FILINGS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION OF ESPINOZA INVESTMENTS INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

ESPINOZA INVESTMENTS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business of said corporation shall be at:

4797 NW 72ND AVENUE, MIAMI, FL 33166

with the privilege of having branch offices at other places within or without the State of Florida.

## ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**Five Hundred Shares** 

## Articles of Incorporation

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Claudia Garzon 4797 NW 72nd Ave. Miami, Fl 33166

## ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

NAME ADDRESS

Claudia Garzon - President, 4797 NW 72nd Ave. Treasurer & Secretary Miami, Fl 33140

## Articles of Incorporation

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 17th day of May, 2004

WIINESSES	
<del></del>	Claudio Gorzon R Claudia Garzon - President Treasurer & Secretary
STATE OF FLORIDA )	
) SS:	
COUNTY OF DADE )	

**BEFORE ME**, the undersigned authority, personally appeared the above signatorie, who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signer respectively and the facts and matters therein set forth are true and correct.

Juan Taboada MY COMMISSION # D0029185 EXPIRES September 29, 2005 BONDED THRU TROY FAM INSURANCE, INC.

#### CERTIFICATE DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607.0501, 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: ESPINOZA INVESTMENTS, INC.
- 2. The name and address of the registered agent and office is: Claudia Garzon, 4797 NW 72nd Ave. Miami, Fl 33166

Corp. Officer: Claudia Garzon

Date: May 17th, 2004

Having been named to accept service of process for the above stated corporation at 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.

Claudia Garzon

STATE OF FLORIDA )

) SS:

**COUNTY OF DADE** 

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above named to take acknowledgment personally appeared Claudia Garzon to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent. IN WITNESS WHEREOF, I set my hand and official seal in the County and State named above, this day the 17th day of May, 2004

Juan Taboada
MY COMMISSION # DD029185 EXPIRES
September 29, 2005
BONDED THRU TROY FAM INSURANCE, INC.

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