

PO4000082076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

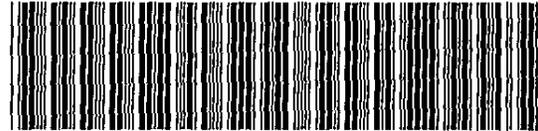
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/24/04--01018--024 **315.00

DIVISION OF CORPORATION

04 MAY 24 PM 11:04

04 MAY 24 AM 11:56

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/211

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. Ismael Gonzalez Broker INC
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

ISMAEL GONZALEZ BROKER INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 24 AM 11:56

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of corporation shall be:

ISMAEL GONZALEZ BROKER INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**190 NE 19 STREET
HOMESTEAD, FL. 33030**

ARTICLE III SHARES

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

600 Shares of Common Stock at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**ISMAEL GONZALEZ
190 NE 19 ST.
HOMESTEAD, FL. 33030**

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**ISMAEL GONZALEZ
190 NE 19 ST.
HOMESTEAD, FL. 33030**

ARTICLES VI DIRECTOR(S)

The name(s) and street address(es) of the Director(s) is (are)

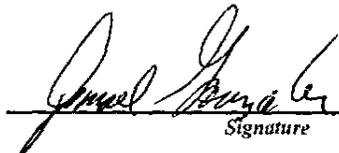
President/Director

**ISMAEL GONZALEZ
190 NE 19 ST
HOMESTEAD, FL. 33030**

Vice-president/Director

**ANA BONILLA
190 NE 19 ST.
HOMESTEAD, FL. 33030**

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation
This 20th day of May 2004.*


Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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: ISMAEL GONZALEZ BROKER INC

2. The name and address of the registered agent and office is:

ISMAEL GONZALEZ
NAME

190 NE 19 ST
P.O. BOX NOT ACCEPTABLE

HOMESTEAD, FL. 33030

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TALLAHASSEE, FLORIDA
04 MAY 24 AM 11:56

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 

Date: MAY 20, 2004