

# P04000139982

Florida Department of State  
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.

((H0400020185i 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 : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

04 OCT -8 AM 8:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

### PLAYA ESCONDIDA USA, INC.

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

10-11-04  
D

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLES OF INCORPORATION  
OF  
PLAYA ESCONDIDA USA, INC.**

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations in accordance with the law of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**PLAYA ESCONDIDA USA, INC.**

**ARTICLE II**

This corporation shall commence existence upon the filing of these Article of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate

Name: **PLAYA ESCONDIDA USA, INC.**

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of ( 100 ) shares, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

04 OCT -8 AM 8:36  
FILED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JOSEFINA ERMINY

PRESIDENT

The principal office shall be:

10720 N.W. 66 ST. APT. #102  
MIAMI FLORIDA, 33178

**ARTICLE VI**

The initial Board of Directors shall consist of a total of one ( 1 ) person, and the name and address of the person who is to serve as an initial director is:

(P) JOSEFINA ERMINY

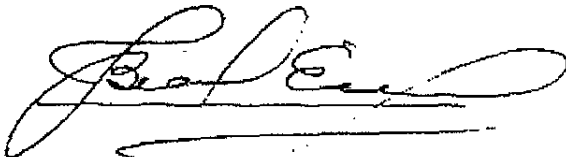
10720 N.W. 66 ST. APT. #102, Miami, FL 33178

**ARTICLE VII**

The name and address of the incorporator executing these Articles of incorporation is:

JOSEFINA ERMINY  
10720 N.W. 66 ST. APT. #102  
MIAMI FLORIDA 33178

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of 10/06/04



**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision 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 Corporation is:

**PLAYA ESCONDIDA USA, INC.**

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

JOSEFINA ERMINY  
10720 N.W. 66 ST. APT. #102  
MIAMI, FLORIDA 33178

FILED  
04 OCT -8 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 AGREEE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

