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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

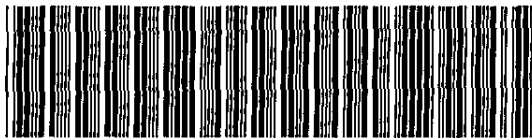
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 078689 82293A

AUTHORIZATION :

Patricia Piquero

COST LIMIT : \$ 87.50

ORDER DATE : December 13, 2004

ORDER TIME : 9:59 AM

ORDER NO. : 078689-005

CUSTOMER NO: 82293A

CUSTOMER: Ms. Betty Lopez-castro
Martinez-esteve & Lopez-castro

Suite 304
901 Ponce De Leon Boulevard
Coral Gables, FL 33134

DOMESTIC FILING

NAME: 5055 MANAGEMENT CORPORATION

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

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:

5055 MANAGEMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7360 SW 24 STREET, #36
MIAMI, FLORIDA 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE PROPERTY MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) SHARES; ONE (\$1.00) DOLLAR PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CONSTANTINO ARGIMON, Director and President
7360 SW 24 STREET, #36
MIAMI, FLORIDA 33155

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

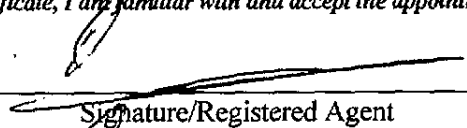
CONSTANTINO ARGIMON
7360 SW 24 STREET, #36
MIAMI, FLORIDA 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CONSTANTINO ARGIMON
7360 SW 24 STREET, #36
MIAMI, FLORIDA 33155


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

12/08/04

Date



Signature/Incorporator

12/08/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA