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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305)639-4737
Fax Number : (305)639-4725

FLORIDA PROFIT CORPORATION OR P.A.

Procmeci, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Public Access Help

78.75 + 2

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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:

Procmeci, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4815 NW 79 Ave. Suite 12
Miami, Fl. 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful activities or business permitted under the laws of The United States, the State of Florida, or any others states, country, territory, or nation.

ARTICLE IV SHARES

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is five thousand shares at one dollar par value.

Name	Shares
Procmeci C.A. (Venezuela)	40%

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President: Dayen Martinez
4815 NW 79 Ave. Suite 12
Miami, Fl. 33166

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ARTICLE VI REGISTERED AGENT

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

Dayen Martinez
4815 NW 79 Ave. Suite 12
Miami, Fl. 33166

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Dayen Martinez
4815 NW 79 Ave. Suite 12
Miami, Fl. 33166

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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 **Date**

Signature/Incorporator **Date**

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