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.

(((H06000022803 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your brows from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)205-0381

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 ; (305)634-3694 Phone Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

palma construction group, inc

Annual section of the	CONTRACT TO PROPERTY OF STREET, CONTRACT
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

184-26-2006 13:45

SOLA JATOT



10000022803 ED

06 JAN 26 PM 12: 35

ARTICLES OF INCORPORATION

In Compliance With Chapter 607 and/or Chapter 621, F.S. (profit)

TALLAHASSEE. FLORIDA

ARTICLE! NAME

The name of the corporation Shall be: PALMA CONSTRUCTION GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The Principal Place of Business and Mailing address of this Corporation Shall be: 7834 KIMBERLY BLVO-NORTH LAUDERDALE-FLORIDA-33068

ARTICLE IIL PURPOSE

The Purpose for Wich the Corporation is Organized is: CONSTRUCTION SERVICES

ARTICLE IV SHARES

The Number Of Shares of Stock is: 100 SHARES OF COMMON STOCK US 1.00 PAR VALUE PER SHARE.

ARTICLE V INITIAL DIRECTORS/OFFICERS

the name(s), address (es) and Title(s):

CRISTOBAL TEJADA GOMEZ

PRESIDENT

7834 KIMBERLY BLVD NORTH LAUDERDALE-FL-33068

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street Address of Registered agent is:

CRISTOBAL TEJADA GOMEZ

T834 KIMBERLY BLVD NORTH LAUDERDALE-FL-33068

ARTICLE VII INITIAL INCORPORATOR

The Name and address of the incorporator is:

CRISTOBAL TEJADA GOMEZ

7834 KIMBERLY BLVD NORTH LAUDERDALE-FL-33068

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

Signature/Incomporator

Date

01-26-06

Date

H06000002803