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(Requestor's Name) (Address) (Address)	800076714908
(City/State/Zip/Phone #)	07/03/0601007007 **78.75 3
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: PIMAPLEX CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee \$78.75 **Filing Fee** & Certificate of Status

\$78.75	
Filing Fee	
& Certified Copy	

\$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: CLAUDIA M BARCO

Name (Printed or typed)

13235 SW 147 ST

Address

MIAMI FL 33186

City, State & Zip

786-5730471

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

PIMAPLEX CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13235 SW 147 ST MIAMI FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WORK CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CLAUDIA M BARCO - PRESIDENT 13235 SW 147 ST MIAMI FL 33186 EDWIN POSADA - VICE PRESIDENT 13235 SW 147 ST MIAMI FL 33186

ARTICLE VI REGISTERED AGENT

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

CLAUDIA M BARCO 13235 SW 147 ST MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLAUDIA M BARCO 13235 SW 147 ST MIAMI FL 33186

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/Registere Signature/Incorporator

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