

FROM : (305) 639-4725

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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/NON PROFIT CORPORATION

CONCREMOCA, INC.

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

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T. Hampton SEP 11 2006

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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:

CONCREMOCA, INC**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address is:

8300 NW 53 Street, SUITE 350
Miami- Florida 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 one hundred shares at fifty dollars per value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President: Reinaldo Rodriguez
8300 NW 53 Street, suite 350
Miami - Florida, 33166

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

Reinaldo Rodriguez
8300 NW 53 Street, suite 350
Miami - Florida, 33166

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Sep. 08 2006 02:17AM P3

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ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Reinaldo Rodriguez
8300 NW 53 Street, suite 350
Miami - Florida, 33166

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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