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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT:	PROPEL MANAGE		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	JVXN OCXN	(Printed or typed)	
1801 NE 4 AVE # 303			
u =-	MI AMI	FL 33/3. State & Zip	2
	905-9 Daytime T	72 - 9085	ſ

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:

PROPEL MANAGEMENT GLOVP INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5200 BLUE LAGOON DRIVE SUITE 120 MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS PROCESS SERVICE PROVIDED.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IVAN OCAMPO 1801 NE 4 AVE #303 MIAMI, FL 33132

LEONARDO CLAVEL 5200 BLUE LAGOON DE #120 MIRMI, FL 33/26

ARTICLE VI REGISTERED AGENT

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

LEONALDO CLAVEL 5000 BLUE LAGOON DE #100 MIAMI, FL 33106

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVAN OLAMPO 1801 NE 4 XVE #303 MIAMI, FL 33/32.

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

Signature/Incorporator

Date

Date

SECRETARY OF STATE DIVISION OF CORPORATIONS