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SECRETARY STATES

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ARTICLES OF CORPORATION OF ZUCARA CORP.

The undersigned incorporator(s), for the purpose of forming a corporation Under The Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **ZUCARA CORP**.

The principal place of business of this corporation shall be:

8362 PINES BLVR #115 PEMBROKE PINES, FL 33024

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities Or business permitted under the laws of the United States, The State of Florida, Or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this Corporation is authorized to have outstanding at any one time is:

100 X \$10.000 = \$1.000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS, DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall Hold office the first year of the corporation's existence or until their Successor(s) is (are) elected, is (are):

CARLOS IRAURGUI

8362 PINES BLVR #115 PEMBROKE PINES, FL 33024

ARTICLE IV INCORPORATOR(S)

The name(s) and address(es) of the Incorporator(s) to these Articles of Incorporator(s) is (are):

CARLOS IRAURGUI

8362 PINES BLVR #115 PEMBROKE PINES , FL 33024

The undersigned has (have) executed these Articles of Incorporation This 27TH day of AUGUST, 2008

<u>2</u>	Signature/Title
_	Signature/Title
CERTIFICATE OF DESIGNAT	Signature/Title

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, The undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered Agent, in the State of Florida.

- 1. The name of the corporation is: **ZUCARA CORP.**
- 2. The name and address of the registered agent and office is:

CARLOS IRAURGUI Name

8362 PINES BLVR #115 (P.O. Box not acceptable)

PEMBROKE PINES , FL 33024 City/State/Zip SECRETARY OF STATE TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DECI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE