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TALLAHASSEE, FLORIDA





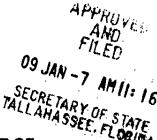
### LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

RPORATION NAME(S) & DOCUM	ENT NUMBER(5), (II KNOWN):	$\mathcal{Q}$
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Not for Profit Limited Liability	Resignation of R.A., Officer/Director	or
Domestication	Change of Registered Agent Dissolution/Withdrawal	
Other	☐ Merger	
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Annual Report	Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	Trademark	
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F031 <i>(7/</i> 97)	Examiner's I	<u>nitials</u>



#### **ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Tropical Cobster, Corp

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

498 E A2 St Hialeah, FC 33013

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS** 

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Miguel Clanes 498 E 42 St Hialeah, FL 33013 ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Miguel Clanes

498 E 42 St

Hialeah, FL 33013

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

OF INCORPORATION THIS

DAY OF January, 2009

#### **ARTICLE VI - DIRECTOR(S)**

ŚIGNATURE

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Aiguel Llanes - President Arquimides Diaz - V. President

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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

REGISTERED AGENT SIGNATURE