## P10000041591

| (Re                     | equestor's Name)  |             |  |  |  |
|-------------------------|-------------------|-------------|--|--|--|
| (Ac                     | ldress)           |             |  |  |  |
| (Ac                     | ldress)           | ***         |  |  |  |
| (Ci                     | ty/State/Zip/Phon | e #)        |  |  |  |
| PICK-UP                 | WAIT              | MAIL        |  |  |  |
| (Bu                     | siness Entity Nar | ne)         |  |  |  |
| (Document Number)       |                   |             |  |  |  |
| Certified Copies        | _ Certificates    | s of Status |  |  |  |
| Special Instructions to | Filing Officer:   |             |  |  |  |
|                         |                   |             |  |  |  |
|                         |                   |             |  |  |  |
|                         |                   |             |  |  |  |
|                         |                   |             |  |  |  |

Office Use Only

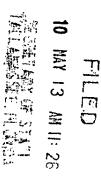


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05/13/10--01028--017 \*\*8.75



5-14-10 CB

## **COVER LETTER**

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

| SUBJECT:                 | IMMAREX INT                               | ERNATIONA                  | il CORP             |  |  |
|--------------------------|---|----------------------------|---------------------|--|--|
|                          | (PROPOSED CORPORA                         | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u> ) |  |  |
|                          |   |                            |                     |  |  |
| Enclosed are an orig     | ginal and one (1) copy of the artic       | cles of incorporation and  | a check for:        |  |  |
| \$70.00                  | \$78.75<br>Filing Fee                     | \$78.75                    | <b>\$87.50</b>      |  |  |
| Filing Fee               | Filing Fee                                | Filing Fee                 | Filing Fee,         |  |  |
|                          | & Certificate of Status                   | & Certified Copy           | Certified Copy      |  |  |
|                          |   |                            | & Certificate of    |  |  |
|                          |   | ADDITIONAL CO              | Status              |  |  |
| ADDITIONAL COPY REQUIRED |   |                            |                     |  |  |
|                          |   |                            |                     |  |  |
|                          | –   |                            |                     |  |  |
| FROM:                    | CLIFFORD PET                              | THOMME                     |                     |  |  |
|                          | Name                                      | (Printed or typed)         |                     |  |  |
| •                        | 300 NW91A                                 | 116                        |                     |  |  |
| <del></del>              | A CO NO THE                               | VE<br>Address              | <del> </del>        |  |  |
|                          | 0 0                                       | Ei 22                      | 54                  |  |  |
|                          | PEMBroke Pin                              | 6, FC 3-50                 | 524                 |  |  |
|                          | City,                                     | State & Zip                |                     |  |  |
|                          | 954-226-448                               | 5-                         |                     |  |  |
|                          | 954-226-448<br>Daytime To                 | elephone number            |                     |  |  |
|                          |   |                            |                     |  |  |
|                          | CPHOO2O YA<br>E-mail address: (to be used | for future annual report   | notification)       |  |  |

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

| ·                |                       | h Chapter 607 and                                       | d/or Chapter 621, F.S   |   |   |                     |
|------------------|-----------------------|---|---|---|---|---------------------|
| ARTIC<br>The nam |                       | NAME orporation shall be                                | LIMMAR  | EXINTER   | NATION AL COR   | 9                   |
| ARTIC            | CLE II                | PRINCIPAL O   |   | ent is:   | 1   |                     |
| The pin          | icipai <u>stree</u>   |   | ling address, if differences                                    |   |   |                     |
| ARTIC<br>The pur |                       | <b>PURPOSE</b> which the corporat                       | tion is organized is:   |   |   |                     |
| •                | •                     | •   | <del>-</del>  | cort to the   | e Carribean an  | D LATIO<br>AMerica  |
| ARTIC<br>The nun | CLE IV<br>nber of sha | SHARES<br>res of stock is: 5                            | 100   |   |   |                     |
| ARTIC<br>The nam | CLE VI<br>ne and Flo  | REGISTERI<br>Orida street addre<br>Liffuro<br>300 lemba | EDAGENT ESS (P.O. BOX NOT an PETIT HOME NW 91 Aut TOKE PINES, T | Miami, Fi<br>ecceptable) of the regist<br>NE<br>EC33024<br>TORD PETIT H<br>NW 91 AV | owne & 33024  | <u>ग</u><br>मा<br>7 |
| place de         |                       | in this certificate,                                    | <b>-</b>  | ice of process for the  | **********************<br>e above stated corporation<br>ointment as registered ag | n at the            |
| Littors Re       | LO<br>24 moths:<br>10 | hd Ketts<br>Bature/Registere<br>Llhd Lett               | Agent   | ·····   | S-10-10<br>Date<br>5-10-10  |                     |