

P10000056148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE PARTY OF SOUTH  
DIVISION OF CORPORATION  
2010 JUL -2 PM 4:38

7/8/10

## COVER LETTER

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

**SUBJECT:** IMARSA GROUP CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ROBERTO CARLOS ARELLANO

Name (Printed or typed)

918 NW 133 AVE

Address

SUNRISE FLORIDA 33325

City, State & Zip

954-812-0310

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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## **ARTICLE I NAME**

The name of the corporation shall be:

IMARSA GROUP CORP

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

918 NW 133 AVE SUNRISE FL 33325

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL BUSINESS ACTIVITIES

## **ARTICLE IV SHARES**

The number of shares of stock is:

1,000 THE PAR VALUE OF EACH SHARE OF STOCK IS \$ 1.00

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ROBERTO C 918 NW 133 PRESIDENT  
ARELLANO AVE SUNRISE  
FL 33325

## **ARTICLE VI REGISTERED AGENT**

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

ROBERTO CARLOS ARELLANO  
918 NW 133 AVE  
SUNRISE FL 33325

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROBERTO CARLOS ARELLANO  
918 NW 133 AVE  
SUNRISE FL 33323

\*\*\*\*\*

*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

06/29/2010

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

06/29/2010

\_\_\_\_\_  
Date