P 001

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000017262 3)))



H110000172623ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I20000000146 Enone : (305)444-4994
Fax Number : (305)444

Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.

tmail	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION ESTIME, INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF INCORPORATION

OF

ESTIME, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ESTIME, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate name.

ARTICLE IV

The aggregate number of shares that the corporation shall have authority to issue is the total sum of 1000 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

fes

FILED

ARTICLE V

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Leopoldo G. Rios 17913 NW 7th Street, Suite 103 Pembroke Pines, FL 33029 The principal address shall be: 4261 W Palm Air Dr. #206 Pompano Beach, FL 33069-4017

The mailing address shall be: 17913 NW 7th Street, Suite 103
Pembroke Pines, FL 33029

ARTICLE VII

The initial Board of Directors shall consist of a total of two (2) person (s), and the name (s) and address (es) of the person (s) who is (are) to serve as initial director (s) is (are):

PRESIDENT/TREASURER - DIRECTOR MUCCHIUT, WALTER L. 4261 W Palm Air Dr. #206 Pompano Beach, FL 33069-4017

SECRETARY - DIRECTOR MARTINENGO, ALBERTO 4261 W Palm Air Dr. #106 Pompano Beach, FL 33069



The name and address of the incorporator executing these Articles of Incorporation is:

LEOPOLDO G. RIOS 17913 NW 7th Street, Suite 103 Pembroke Pines, FL 33029

IN WITNESS WHEREOF, the und Articles of Incorporation this 19th day	tersigned incorporator bas (have) executed these by of, 2011.
FRIOR!	
STATE OF FLORIDA	
COUNTY OF DADE	
county set forth above, personally a ALBERTO MARTINENGO, known	orized to take acknowledgements in the state and appeared WALTER L. MUCCHIUT and to me and known by me to be the person (s) who orporation, and he (they) acknowledge before me incorporation.
IN WITHNESS WHEREOF, I have in the state and county aforesaid, this 19	hereunto set my hand and affixed my official seal th day of <u>January</u> 2011.
	NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

1. The same of the cornection is:

CERTIFICATE OF DESIGNATION 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 halfe of the corporation is:
ESTIME, INC.
2. The name and address of the registered agent and office is:
Leopoldo G. Ríos
(NAME)
17913 NW 7 th Street Suite 103
(P.O.BOX NOT ACCEPTABLE)
Pembroke Pines, FL, 33029
(CITY/STATE/ZIP CODE)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 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 01/19/2011

TEMO