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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
INVERSIONES 5552, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: **INVERSIONES 5582, INC.**

ARTICLE II PRINCIPAL OFFICE
Principal street address:
3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL. 33134

Mailing address, if different is:
3001 PONCE DE LEON BLVD.
SUITE 211
CORAL GABLES, FL. 33134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JESUS YUMARES TORO, D.P.S.-T	Name and Title:	
Address:	3001 PONCE DE LEON BLVD.	Address:	
	SUITE 211		
	CORAL GABLES, FL. 33134		
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: **CORPORATE CREATIONS NETWORK, INC.**
Address: **11380 PROSPERITY FARMS ROAD # 221-E**
PALM BEACH GARDENS, FL. 33410

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: **JESUS YUMARES TORO**
Address: **3001 PONCE DE LEON BLVD. SUITE 211**
CORAL GABLES, FL. 33134

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:

Steven Buchta, Vice President

Required Signature/Registered Agent

7-13-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

7-8-11
Date

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