

P120000030750

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

****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 BEQUI CORPORATION

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

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

ARTICLE I NAME BEQUI CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
770 CLAUGHTON ISLAND DRIVE
SUITE 1814
MIAMI, FLORIDA 33131

Mailing address, if different is:

770 CLAUGHTON ISLAND DRIVE
SUITE 1814
MIAMI, FLORIDA 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MANUEL H. POLINI D-P-S-T	Name and Title: _____
Address: 770 CLAUGHTON ISLAND DRIVE	Address: _____
SUITE 1814	_____
MIAMI, FLORIDA 33131	_____
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: VICTOR GRUNBAUM
Address: 8724 S.W. 713 TERRACE
CUTLER BAY, FLORIDA 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANUEL H. POLINI
Address: 770 CLAUGHTON ISLAND DRIVE SUITE 1814
MIAMI, FLORIDA 33131

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

Required Signature/Registered Agent

3-29-12

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

3-29-12

Date

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