

P12000066221

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
LEMA PROJECTS CORPORATION**

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

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H/H

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

LEMA PROJECTS CORPORATION

12 JUL 30 AM 9:19

ARTICLE II PRINCIPAL OFFICE

Principal street address

200 BISCAYNE BLVD.
SUITE 705
MIAMI, FLORIDA 33131

Mailing address, if different is:

200 BISCAYNE BLVD.
SUITE 705
MIAMI, FLORIDA 33131

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: ANGELA M. BEYRUTI ESPINOSA D-P
Address: 200 BISCAYNE BLVD.
SUITE 705
MIAMI, FLORIDA 33131

Name and Title: _____
Address: _____

Name and Title: JESUS A DEL PALACIO ROBLES D-S-T
Address: 200 BISCAYNE BLVD.
SUITE 705
MIAMI, FLORIDA 33131

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: INAKI SAIZARBITORIA
Address: 21 S.W. 15 ROAD SUITE 200
MIAMI, FLORIDA 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JESUS A DEL PALACIO ROBLES
Address: 200 BISCAYNE BLVD SUITE 705
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

7-30-12

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

7-30-12

Date

H12000 P3352.