

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

52512

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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
IRAZU PROPERTIES CORP.

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

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Corporate Filing Menu

Help

Ps 7/31/12 7/30/2012

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL 30 AM 9:32

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: **IRAZU PROPERTIES CORP.**

ARTICLE II PRINCIPAL OFFICE
Principal street address
770 CLAUGHTON ISLAND DRIVE
SUITE 1914
MIAMI FLORIDA 33131

Mailing address, if different is:
770 CLAUGHTON ISLAND DRIVE
SUITE 1914
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: MANUEL H. POLINI D/P/S/T	Name and Title: _____
Address: 770 CLAUGHTON ISLAND DRIVE	Address: _____
SUITE 1914	_____
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: **9724 S.W. 243 TERR**
MIAMI FLORIDA 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MANUEL H. POLINI**
Address: **770 CLAUGHTON ISLAND DR SUITE 1914**
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

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