## P12000080418

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PICK-UP WAIT MAIL					
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(Document Number)					
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SUFFICIENCY OF FILING

NCUCI & CU DEPARTMENT OF STATE DIVISION OF CORPORATION

MRP 4/12



## **LAZARUS**

## **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED

12 SEP 21 AM 8: 05

SECRETARY OF STATE
TALE AHASSEE, FLORIDA

1-1141-11, 1 C 22TO2 (202)					
CORPORATION NAME(S) & DO		fice Use Only			
1. MIAMI ENG (Corporation Name)	SINE TEST	ing, INC.			
2. (Corporation Name)	(Document #)				
3. (Corporation Name)	(Document #)	,			
4. (Corporation Name)	(Document #)				
Walk in Pick up tim Mail out Will wait	Photocopy	Certified Copy Certificate of Status			
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A Change of Register Dissolution/Withdr Merger	ed Agent			
OTHER FILINGS	REGISTRATION/QU	REGISTRATION/QUALIFICATION			
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	•			
		Examiner's Initials			

CR2E031(7/97)

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

ARTICLE I The name of the o	NAME MIAMI ENGINE TESTIF	NG, INC.	7.	SEP 21 ED
ARTICLE II	PRINCIPAL OFFICE		7350	80 21 Au
	Principal street address 8356A N.W. SOUTH RIVER DRIVE		Mailing address if	different is: 78 8:05
	MEDLEY, FLORIDA 33166			31.50.515
ARTICLE III	DEMPOSE	<del></del>		TOA
The purpose for	which the corporation is organized is:			
ANY LEGAL	. ACTIVITY.			
			•	
ARTICLE IV	SHARES			
The number of sha	ares of stock is:THREE HUNDRED (300)			
	INITIAL OFFICERS AND/OR DIRECTOR			
	itle: JOSE BERGOUIGNAN, PRESIDENT/SECRETAR)			
Address:	8356A N.W. SOUTH RIVER DRIVE MEDLEY, FLORIDA 33166		MEDLEY, FLO	
	WEDLEY, FEORITA 33100	-	WEDLET, FLO	MINE POTOO
Name and T	itle: GEORGE L. BETANCOURT, VICE PRESIDENT	Name and Title	e:	
Address:	8356A N.W. SOUTH RIVER DRIVE			
	MEDLEY, FLORIDA 33166	-		
Name and T	itle:	- Name and Title		
Address:		Address:	·	
		•		
ADDICE TO	Thorogen a const	•		·
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of	the registered age	nt is:	
Name:	EDUARDO ARIAS	ano rogionara ago		
Address:	8356A N.W. SOUTH RIVER DRIV MEDLEY, FLORIDA 33166			
4 D. W. T. C. T.		, <b>'</b>		
<i>ARTICLE VII</i> The name and add	INCORPORATOR Iress of the Incorporator is:			
Name:	VICTOR M. SUAREZ, ESQ.			
Address:	3850 S.W.87th Avenue, SUITE 203 MIAMI, FLORIDA 33165	3		
Havina haan name	ed as registered agent to accept service of process	for the shows -t-	4	
this certificate, I an	n familiar with and accept the appointment as regis	tered agent and a	ieu corporation at in igree to act in this cap	e piace designated in Pacity
$ \bigcirc$ $\bigcirc$		Ū	•	/
- (U)		·		70/12
_ /	Required Signature/Registered Agent			Date
submit this docul locument to the De	ment and affirm that the facts stated herein are to partment of State constitutes a third degree felony o	rue. I am aware	that the false inform	nation submitted in a
	79	s provided jot in	3.01/.133, F.3.	
- / No	Required Signature/Incorporator			9/20/12
	/Required Signature/Incorporator			Date