

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305) 229-8256  
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Email Address: hernan\_427@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
EXPARTA OF MIAMI, CORP.

Certificate of Status	0
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10/1/2013 11:47:01 AM PAGE 1/001 Fax Server



October 1, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARES & COMPANY, C.P.A., P.A.

SUBJECT: EXPARTA OF MIAMI, CORP.  
REF: W13000054355

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box is not acceptable.

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Thomas Chang  
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ARTICLES OF INCORPORATION

OF

**EXPARTA OF MIAMI, CORP.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**EXPARTA OF MIAMI, CORP.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.  
3636 SW 87<sup>TH</sup> AVE.  
MIAMI, FL. 33125  
PH: (305) 229-8256  
FAX: (305) 229-8252

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

## **EXPARTA OF MIAMI, CORP.**

### **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00. Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

### **ARTICLE V**

The name and street address of the initial Registered Agent of this corporation shall be:

HERNAN ALMIRON VERDI  
3636 SW 87TH AVE.  
MIAMI, FL. 33165

The principal place of business and the mailing address of the Corporation shall be:

3636 SW 87 AVE  
MIAMI, FL 33165

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ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by One (1) person, whose names and addresses are:

Hernan Almiron Verdi                      -      PRESIDENT                      -      100% SHAREHOLDER  
Urbanizacion Santa Isidra I  
C-12 Calle Santa Clara  
Fajardo, PR 00738

ARTICLE VII

The name and address of the incorporator executing these Articles of Incorporation is:

HERNAN ALMIRON VERDI  
3636 SW 87TH AVE  
MIAMI, FL. 33165

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 27<sup>th</sup> day of September, 2013.

  
HERNAN ALMIRON VERDI  
INCORPORATOR/PRESIDENT

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation:

**EXPARTA OF MIAMI, CORP.**

2. The name and address of the Registered Agent and office is:

HERNAN ALMIRON VERDI  
3636 SW 87TH AVE.  
MIAMI, FL. 33165

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: \_\_\_\_\_



HERNAN ALMIRON VERDI

DATE: \_\_\_\_\_

10/01/13

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