

P14000019654

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
CAROMRS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
14 MAR -3 AM 11:18

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3424

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Caromrs, Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

18520 NW 67 Ave Suite 272
Hialeah FL 33015

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ralph Sam
18520 NW 67 Ave Suite 272
Hialeah FL 33015

14 MAR -3 AM 11:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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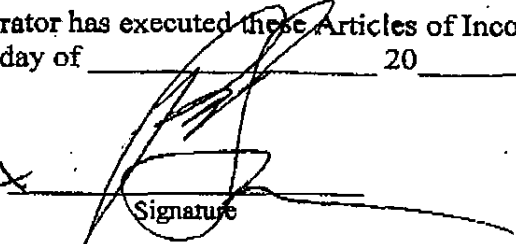
ARTICLE V - INCORPORATOR

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

Ralph Sam
18520 NW 67 Ave Suite 272
Hialeah FL 33015

The undersigned incorporator has executed these Articles of Incorporation this

_____ day of _____ 20_____

X 
Signature

ARTICLE VI - DIRECTOR (S)

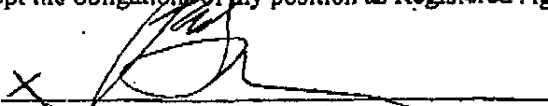
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Ralph Sam - President (D)
Silvia Iglesias - Vice President (D)
Osmar Betancourt - Secretary (D)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

X 
Registered Agent Signature

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