

SEP/11/2015/FRI 12:28 PM

FAX No.

P. 001/003

P1500074557

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
IMAGINATION IN CONSTRUCTION AM CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SEP 11 2015

S. GILBERT

SEP/11/2015/FRI 12:28 PM

FAX No.

P. 002/003

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

15 SEP 11 PM 8:11

ARTICLE I NAME

The name of the corporation shall be:

IMAGINATION IN CONSTRUCTION AM CORP

STATE OF FLORIDA
TALLAHASSEE

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

541 NW 145 ST

MIAMI, FL 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE LUIS TORRES (P)

Name and Title:

Address

541 NW 145 ST

Address:

MIAMI, FL 33168

Name and Title:

Name and Title:

Address

Address:

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: JORGE LUIS TORRES
Address: 541 NW 145 ST
MIAMI, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE LUIS TORRES
Address: 541 NW 145 ST
MIAMI, FL 33168

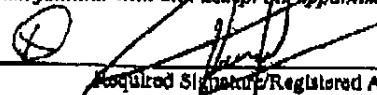
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

09/09/2015

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

09/09/2015

Date