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	Division of Co	rporations
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	Account Number	: 120000000146
	Phone	: (305)444-4994
	Fax Number	: (305)328-4774
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## FLORIDA PROFIT/NON PROFIT CORPORATION ROADSIDE COMMERCIAL INC.

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

<u>FICLE II PRI</u>	INCIDAL OFFICE			
	Principal street address	M. W H 12 P. 65		
19 SW 2nd ST	TREET -	Mailing address, if different is: 1519 SW 2nd STREET		
AMI, FL 33135		MIAMI, FL 33135		
			-	
TICLE III PUI	RPOSE ch the corporation is organized is: ANY A	AND ALL LAWFUL BUSINESS	3	
purpose for with	en the corporation is organized is.			
		<del></del>		
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HCLE V INI	<u>TIAL OFFICERS AND/OR DIRECTORS</u>			
Name and T	JOSE MIGUEL MERI VALLADARE	S - P		
Name and T	JOSE MIGUEL MERI VALLADARE	ES - P Name and Title:		
Name and T	JOSE MIGUEL MERI VALLADARE	ES - P Name and Title:		
	JOSE MIGUEL MERI VALLADARE	ES - P Name and Title:		
	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET	ES - P Name and Title:		
	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET	ES - P Name and Title:		
Address	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	ES - P Name and Title: Address:	<u>.</u>	
Address	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET	ES - P Name and Title: Address:	<u>.</u>	
Address	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:	<u>.</u>	
Address Name and Ti	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:	<u>-</u>	
Address Name and Ti	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:	<u>-</u>	
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Address Name and Ti	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:  Address:  Name and Title:  Address:		
Address  Name and Ti  Address  Name and Ti	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:  Address:  Name and Title:  Address:		
Address  Name and Ti  Address  Name and Ti	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:  Address:  Name and Title:  Address:		
Address  Name and Ti  Address  Name and Ti	JOSE MIGUEL MERI VALLADARE  1519 SW 2nd STREET  MIAMI, FL 33135	Name and Title:  Name and Title:  Address:  Name and Title:  Address:		

From: Yanet Avila

Name a	d Title:Nar	Name and Title:		
Addres	Add	Address:		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the re	egistered agent is:		
Name:	JOSE MIGUEL MERI VALLADARES			
Address:	1519 SW 2nd STREET			
	MIAMI, FL 33135			
<u>ARTICLE VII</u>	INCORPORATOR			
The name and a	Idress of the Incorporator is:			
Name:	JOSE MIGUEL MERI VALLADARES			
Address:	1519 SW 2nd STREET			
	MIAMI, FL 33135			
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot be r	(OPTIONAL) nore than five days prior or 9	0 days after the	
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certificate, I am J	ned as registered agent to accept service of process for the anillar with and accept the appointment as registered ago			
ove Migral Merrivalladares (N	Required Signature/Registered Agent		Data	
The forte differen		, , , , , , , , , , , , , , , , , , , ,	Date	
document to the	ument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as pr	i am aware that the false inforvoided for in 5.817.155, F.S.	manon submitted in a	
Required Signatu	F4 (3):	· · ·	<u> </u>	
Required Signatu	re/incorporator	Date	=	
			<u>.</u>	