

P95000041398

MANUEL HERNANDEZ

(Requestor's Name)

P.O. Box 1616

(Address)

MIAMI FL 33131

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300001496973

-05/23/95--01096--004

****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MANUEL HERNANDEZ ENTERPRISES, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 MAY 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

AUDIT #

ARTICLES OF INCORPORATION
of

MANNY HERNANDEZ ENTERPRISES, INC.

(name of corporation)

THE UNDERSIGNED SUBSCRIBER(S) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON(S) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I - CORPORATE NAME

THE NAME OF THE CORPORATION IS:

MANNY HERNANDEZ ENTERPRISES, INC.

P.O. BOX 1618 MIAMI FLORIDA 33131-1618

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

ARTICLE III - PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV - CAPITAL STOCK

THE CORPORATION IS AUTHORIZED TO ISSUE ONE HUNDRED SHARES (100) OF ONE DOLLAR(S) (\$1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES"

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS :

NAME MICHAEL CAFARO

ADDRESS 633 N KROME AVENUE

CITY HOMESTEAD STATE FLORIDA ZIP 33030

ARTICLE VI - INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE ONE (1) DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAMES AND ADDRESSES OF THE INITIAL DIRECTOR(S) OF THE CORPORATION ARE AS FOLLOWS:

NAME MANUEL HERNANDEZ (PRESIDENT)

ADDRESS P.O. BOX 1618

CITY MIAMI STATE FLORIDA ZIP 33131

NAME

ADDRESS

CITY HOMESTEAD STATE FLORIDA

PREPARED BY : ANTHONY BERNARD
16201 S.W. 95TH AVE. SUITE #109
MIAMI, FL. 33157
(305) 251-4591

MAY 15TH, 1995

AUDIT #:

FILED
95 MAY 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUDIT #:

ARTICLE VII - INCORPORATORS

THE NAMES AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:

NAME MANUEL HERNANDEZ (PRESIDENT)

ADDRESS P.O. BOX 1618

CITY MIAMI STATE FLORIDA ZIP 33131

NAME _____

ADDRESS _____

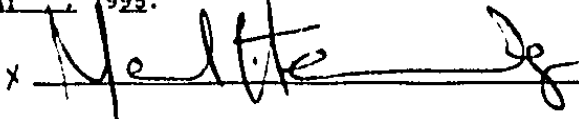
CITY MIAMI STATE FLORIDA ZIP _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER(S) HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 15TH DAY OF MAY, 1995.

x  (Seal)

(Seal)

(Seal)

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED

MANUEL HERNANDEZ (PRESIDENT)

KNOWN TO ME AND KNOWN TO BE THE PERSON(S) WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND COUNTY AFORESAID, THIS 15th DAY OF MAY, 1995

(NOTARY SEAL)


(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

MY COMMISSION EXPIRES:

PREPARED BY:

ANTHONY BERNARD
16201 S.W. 95TH AVE. SUITE #109
MIAMI, FL. 33157
(305) 251-4591

Notary Public, State of Florida
My Commission Expires Dec. 4, 1995
Bonded Thru Troy Fain Insurance Inc.

AUDIT #:

AUDIT #1

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

MANNY HERNANDEZ ENTERPRISES, INC.
(name of corporation)

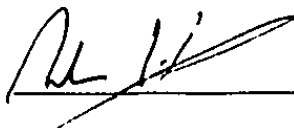
PURSUANT TO FLORIDA STATUTES SECTIONS 48.091 AND 607.034, THE FOLLOWING
SUBMITTED: THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF
INCORPORATION

AT 633 N KROME AVENUE
HOMESTEAD FLORIDA 33030

HAS NAMED MICHAEL CAFARO
LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT SERVICE
OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT
IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN
KEEPING OPEN SAID OFFICE.



(REGISTERED AGENT)

PREPARED BY: ANTHONY BERNARD
16201 S.W. 95TH AVE. SUITE #109
MIAMI, FL. 33157
(305) 251-4591

FILED
9 MAY 22 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUDIT #: