

P95000052916

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

*****78.75 *****78.75

SUBJECT: Araucania Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate
- \$122.50 Filing Fee & Certified Copy
- \$31.25 Filing Fee, Certified Copy & Certificate

FILED
CORP DIV 10/10/95

FROM: Jennifer Espejo
Name (printed or typed)

12021 Biscayne Blvd # 113A
Address

No. Miami, FL 33181
City, State & Zip

305-531-8548
Daytime Telephone number

FILED 10 1995 BSB

NOTE: Please provide the original and one copy of the articles.

FILED

95 JUL -2 PM 11:03

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:

ARAUCANIA Inc.

ARTICLE II PRINCIPAL OFFICE

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

12001 Biscayne Blvd. # 113A
No. Miami, FL 33181

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer Espejo

12001 Biscayne Blvd. # 113A
No. Miami, FL 33181

ARTICLE V INCORPORATOR(S)

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

Jennifer Espejo
12001 Biscayne Blvd. # 113A
No. Miami, Fl. 33181

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

29 day of June, 1995.

Jennifer Espejo
Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS 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 is: ARAUCANIA Inc.

2. The name and address of the registered agent and office is:

Jennifer Espejo
(Name)
12001 Biscayne Blvd #113A
(P.O. Box ~~not~~ acceptable)
So. Miami Fl. ~~33130~~
(City/State/Zip)

FILED
JUN 29 1995
TALLAHASSEE, FL

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.

Jennifer Espejo
(Signature)

6/29/95.
(Date)...

P95000052916

DEBIT MEMORANDUM

DATE FOR OFFICIAL USE NUMBER

TO : DEPARTMENT OF STATE

7/28/95

216

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	1,326.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	
TOTAL	1,326.75	OTHER	

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	28.00
12	45-20-2-130001-45300000-00-000100-00	1	50.00
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	4	87.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	131.25
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00

18.75
13.00

GRAND TOTAL:

\$ 1,326.75

60216-D

JUL 21 11 18 30
 DEPARTMENT OF STATE

RECEIVED

Process Date: 07/14/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT -4 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052916

1. Corporation Name
ARAUCANIA INC.

Principal Place of Business
12001 BISCAYNE BLVD #113A
NORTH MIAMI BEACH FL 33181

Mailing Address
12001 BISCAYNE BLVD #113A
NORTH MIAMI BEACH FL 33181



If above addresses are incorrect in any way, file through an correct information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1995

5. F.I.D. Number

65 060 7334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.S.T. D	Jennifer Espejo	12001 Biscayne Blvd #113A	N. Miami Beach FL 33181
		100001976791--1 -10/16/96--01045--025 ****375.00 ****375.00	
		REINSTATEMENT 9/6 a. alaw 10-4-96	

8. Name and Address of Current Registered Agent

ESPEJO, JENNIFER
12001 BISCAYNE BLVD #113A
NORTH MIAMI BEACH FL 33181

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jennifer Espejo

REGISTERED AGENT MUST SIGN

Date 9-19-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director, or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jennifer Espejo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-891-7479

Daytime Phone #

CREC-00 (7/95)