

07/14/95

17

FAS-T CORP. OR P.A. AGENTS

(305) 592-9591

P. 00

P95000054610

CHARGE, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

7/14/95

FLORIDA DIVISION OF CORPORATIONS

11:20 AM

PUBLIC ACCESS SYSTEM

((H95000007815)))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

9-00006194

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H95000007815)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ALL OF THAT, INC.

FAX AUDIT NUMBER: H95000007815

CURRENT STATUS: REQUESTED

DATE REQUESTED: 07/14/1995

TIME REQUESTED: 11:20:45

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$122.50

ACCOUNT NUMBER: 071001002335

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000007815)))

\*\* ENTER 'M' FOR MENU. \*\*

7/14/95

FLORIDA DIVISION OF CORPORATIONS

11:21 AM

PUBLIC ACCESS SYSTEM

FILED  
95 JUL 14 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/14

FLORIDA DIVISION OF CORPORATIONS

95 JUL 14 PM 1:15

RECEIVED

H95000007815

**ARTICLES OF INCORPORATION**

**OF**

**ALL OF THAT, INC.**

FILED  
95 JUL 14 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: ALL OF THAT, INC.

The principal place of business of this corporation shall be: 12700 S.W. 151st Lane  
Miami, FL 33186

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 Shares

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Director: Lourdes Rodriguez

12700 S.W. 151st Lane  
Miami, FL 33186

Prepared by: Lourdes Rodriguez  
12700 S.W. 151st Lane  
Miami, FL 33186

H95000007815

(305) 253-2182

07/14/95 12:50 FAS-T CORPORATE AGENTS

(305) 592-9591

P. 003

H95000007815

**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Lourdes Rodriguez

12700 S.W. 151st Lane  
Miami, FL 33186

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13 day of July, 1995

Signature(s) of Incorporator(s)

Lourdes M. Rodriguez

H95000007815

H95000007815

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

Pursuant to the provisions of Section 607.325, 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: ALL OF THAT, INC.

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

Lourdes Rodriguez  
(P.O. BOX NOT ACCEPTABLE)

12700 S.W. 151st Lane Miami, FL 33186

(CITY/STATE/ZIP)

SIGNATURE

Lourdes M. Rodriguez  
(corporate officer)

TITLE

DIRECTOR

DATE

7-13-95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Lourdes M. Rodriguez

DATE

7-13-95

REGISTERED AGENT FILING FEE:

H95000007815

FILED  
95 JUL 14 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA