

P 910000011238

BASIC ACCOUNTING SERVICES INC.

Requestor's Name
692 W. 29 St. Ste #9

Address
Hialeah Florida 33012

City State Zip
305 887 4185

Phone#

*****122.50 *****122.50

CORPORATION NAME

GRECOMAR, CORP.

- PROFIT CORPORATION NON PROFIT CORPORATION
- LIMITED PARTNERSHIP ANNUAL REPORT RESERVATION
- REINSTATEMENT OTHER
- CERTIFIED COPY PHOTO COPIES CERTIFICATE UNDER SEAL
- WALK IN WILL WAIT MAIL OUT CALL AFTER 30

 Name
 Availability

 Document
 Examiner

 Updater

 Updater
 Verifier

 Acknowledgment

 W.P. Verifier

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 FEB - 1 11 9:43

g/2/6/96

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB -1 AM 9:49

**ARTICLE OF INCORPORATION
OF**

GRECOMAR, CORP.

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: GRECOMAR, CORP.

The principal place of business of this corporation shall be:
680 W. 71 Pl.
Hialeah, Fl.33014

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 State, 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: 100 x \$ 10.00= \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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

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DIVISION OF CORPORATIONS

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Pursuant to the provisions of sections 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: _____
GRECOMAR, CORP.

2. The name and address of the registered agent and office is _____
Gregoria Montesinos
(Name)

680 W. 71 Pl.

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Fl. 33014

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

Gregoria Montesinos

DATE _____

1-26-96