

P96000073008

TRANSMITTAL LETTER

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

FILED
96 AUG 29 AM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7000019816097
-08/29/96--01093--002
*****70.00 *****70.00

SUBJECT: FICON MANAGEMENT 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

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: FICON MANAGEMENT INC.
Name (printed or typed)

5102 SW 72 AVE.
Address

MIAMI, FL 33155
City, State & Zip

1-305-666-5220
Daytime Telephone number

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

nc SEP 4 1996

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:

FICON MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

5102 SW 72 AVE
MIAMI, FL 33155

ARTICLE III SHARES

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

THIS CORPORATION IS AUTHORIZED TO ISSUE OR TO HAVE OUTSTANDING AT ANY TIME ONE HUNDRED (100) SHARES OF COMMON STOCK HAVING A PAR VALUE OF \$1.00 PER SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

HENRY KEEL
5102 SW 72 AVE
MIAMI, FL 33155

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

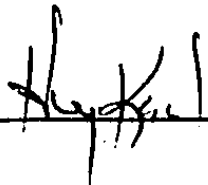
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

HENRY KEEL
5102 SW 72 AVE
MIAMI, FL 33155

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

22 day of August, 19 96.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: FICON MANAGEMENT INC

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

HARRY KEEL
(NAME)
5102 SW 72 AVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
MIDWAY FL 33155
(CITY/STATE/ZIP)

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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.

H. Keel
(SIGNATURE)

8/22/96
(DATE)