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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAM: BES AMERICA ITALY, INC.

AUDIT NUMBER.....H96000013869

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

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ARTICLES OF INCORPORATION

OF

BES AMERICA ITALY, INC.

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(4)

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SECRETARY OF STATE
ALBANY, NEW YORK

The undersigned, acting as subscriber of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation: BES AMERICA ITALY, INC.

ARTICLE I

The name of this corporation is BES AMERICA ITALY, INC.

ARTICLE II

The principal place of business of the corporation shall be situated at 1007 East Las Olas Boulevard, Fort Lauderdale, Florida 33301.

ARTICLE III

The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV

The period of its duration is perpetual, unless sooner dissolved according to law.

ARTICLE V

The aggregate number of shares that the corporation shall have the authority to issue is:
One Hundred (100) shares of capital stock, all of one class, with a par value of One (\$1.00) Dollar.

Lise Armater Morrison, Esq.
Florida Bar No. 352918
Cary & Cary
500 East Broward Boulevard, Suite 1050
Fort Lauderdale, Florida 33394
Telephone: (954) 767-4800

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ARTICLE VI

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The amount of capital with which the corporation shall commence business shall be not less than Five Hundred (\$500.00) Dollars.

ARTICLE VII

The number of directors constituting the initial Board of Directors is one (1), and his name and address is: JESSE L. BRIGGS, 1007 East Las Olas Boulevard, Fort Lauderdale, Florida 33301. The method of election of directors shall be stated in the corporation's bylaws.

ARTICLE VIII

The street address of the initial registered office of this corporation is: 500 East Broward Boulevard, Suite 1050, Fort Lauderdale, Florida 33394; and the initial registered agent of this corporation at that address is: Lise Armater Morrison.

ARTICLE IX

The name and address of the subscriber of this corporation is: Lise Armater Morrison, 500 East Broward Boulevard, Suite 1050, Fort Lauderdale, Florida 33394.


LISE ARMATER MORRISON

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments in the State and County aforesaid, personally appeared LISE ARMATER MORRISON, who was duly sworn, and who executed the foregoing document for the purposes therein expressed.

IN WITNESS WHEREOF, I hereunto place my hand and official seal this 2ND day of OCTOBER, 1996.

☒ Personally Known ☐ Produced Identification Type of Identification N/A

My Commission Expires:



HELEN ALT
My Commission OC488888
Expires Apr. 28, 1998
Bonded by ANG
800-862-8878


NOTARY PUBLIC, STATE OF FLORIDA
Print Name: HELEN ALT

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS CAN BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act

FIRST that BES AMERICA ITALY, INC., desiring to organize under the laws of the State of Florida with its principal offices as indicated in the Articles of Incorporation in the State of Florida, County of Broward, has named LISE ARMATER MORRISON as its agent to accept service of process within this state.

ACKNOWLEDGMENT

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 the said Act relative to keeping open said office.


LISE ARMATER MORRISON

STATE OF FLORIDA)
) SS.
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments in the State and County aforesaid, personally appeared LISE ARMATER MORRISON, who was duly sworn, and who executed the foregoing document for the purposes therein expressed.

IN WITNESS WHEREOF, I hereunto place my hand and official seal this 2nd day of October 1996.

☒ Personally Known ☐ Produced Identification Type of Identification: N/A

My Commission Expires:



HELEN ALT
My Commission Expires
Expires Apr. 30, 1999
Bonded by AMS
800-683-6976


NOTARY PUBLIC, STATE OF FLORIDA
Print Name: HELEN ALT

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