# P96000089591

October 25, 1996

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

SUBJECT: INFOMAR, INC.

Enclosed please find an original and one (1) copy of the Articles of Incorporation and check for filing fees.

C/0:

Ramon Lionei Marks 10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

J. Cen Duane

Ugw 10-96

# ARTICLES OF INCORPORATION of

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#### INFOMAR, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### **ARTICLE 1 - CORPORATE NAME**

The name of this corporation shall be: INFOMAR, INC.

#### **ARTICLE II - PRINCIPAL OFFICE**

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

10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

# **ARTICLE III - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

# **ARTICLE IV - PURPOSE**

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

# ARTICLE V - CAPITAL STOCK

This corporation is authorized to issue ONE THOUSAND shares (1000) of ONE DOLLAR (\$1.00) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE VI - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Ramon Lionel Marks 10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

#### **ARTICLE VII - INITIAL BOARD OF DIRECTORS**

This corporation shall have TWO (2) directors initially. The number may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial directors are as follows:

Ramon Lionel Marks 10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

Freda Am Sangster-Marks 10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

## **ARTICLE VIII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

Ramon Lionel Marks 10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

Freda Am Sangster-Marks 10060 Reflections Boulevard Suite 202 Sunrise, Florida 33351 (954) 748-5671

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Articles	οf	Incorp	orati	on this	21/6	day	of 0	معالات	, 1996.	

Signatura/Title

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STATE OF FLORIDA ) SS COUNTY OF BROWARD )

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Ramon Lionel Marks and Freda Am Sangster-Marks, known to me and known to be the persons who executed the foregoing Articles of Incorporation, and who acknowledged before me that they executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto fixed my hand and seal, in the State and County aforesaid, this 25th day of october, 1996.

Notary Public State of Florida

My Commission Expires: 11-71-99

MARIO MILANO
COMMISSION & CC 511312
EXPIRES NOV 21, 1999
BONDED THRU
ATLANTIC BONDING CO. INC

# CERTIFICATE OF DESIGNATION 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.

The name of the corporation is: INFOMAR, INC.

The name and address of the regis		
Ramon Lionel Marks 10060 Reflections Boulevard Suite 202	0CT 28	) - 1:: 1::
Sunrise , Florida 33351	la brane	
	Signature	ָּהְינָי יוֹנָי
	Title	
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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.

Signature

Sci x Cist