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DIVISION OF CORPORATIONS  
FAX SYSTEM  
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**P9600091268**

((H96000015681 5))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: ~~ST~~ STATUS INTERNATIONAL, INC.

AUDIT NUMBER.....H96000015681

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

CERT. OF STATUS..0

PAGES..... 6

CERT. COPIES.....1

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## ARTICLES OF INCORPORATION

### ARTICLE I - NAME

THE NAME OF THIS CORPORATION IS:

STATUS INTERNATIONAL, INC

WITH THE PRINCIPAL PLACE OF BUSINESS LOCATED AT:

141 N.E. 3RD AVENUE SUITE 900A  
MIAMI FLORIDA 33132

### ARTICLE II - PURPOSE

THIS CORPORATION SHALL HAVE THE PERPETUAL EXISTENCE AND MAY ENGAGE IN ANY AND ALL LAWFUL BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

### ARTICLE III - CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

### ARTICLE IV - PREEMPTIVE RIGHTS

EVERY SHAREHOLDER, UPON THE SALE FOR CASH OR ANY NEW COMMON STOCK OF THIS CORPORATION, SHALL HAVE THE RIGHT TO PURCHASE THEIR PRO RATA SHARE (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OR FRACTIONAL SHARES) AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

### ARTICLE V - INITIAL REGISTERED OFFICE

THE STREET ADDRESS OF THE REGISTERED OFFICE OF THIS CORPORATION IS:

141 N.E. 3RD AVENUE SUITE 900  
MIAMI FLORIDA 33132

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

ZULEIKA GONCALVES VIEIRA

PREPARED BY:  
ELYANE RECHTINGER  
B & L BUSINESS LEGAL, INC.  
141 N. E. 3RD AVE. 9TH FLOOR  
MIAMI, FL. 33132 (305)373-6211

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#### ARTICLE VI -- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE 1 DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE INITIAL DIRECTOR(S) OF THIS CORPORATION IS/ ARE:

ZULEIKA GONCALVES VIEIRA - PRESIDENT

#### ARTICLE VII -- INCORPORATOR

THE NAME AND ADDRESS OF THE PERSON SIGNING THIS ARTICLE IS:

ZULEIKA GONCALVES VIEIRA  
141 N.E. 3RD AVENUE SUITE 900  
MIAMI FLORIDA 33132

#### ARTICLE VIII -- INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICES OR DIRECTORS TO THE FULL EXTENT PERMITTED BY LAW.

#### ARTICLE IX -- MANAGEMENT OF CORPORATION SHAREHOLDERS

ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THIS CORPORATION SHALL BE MANAGED UNDER THE DIRECTOR OF, SHAREHOLDERS OF THIS CORPORATION.

#### ARTICLE X -- BY LAWS

THE POWER TO ADOPT, AFTER, AMEND OR REPEAL BY-LAWS SHALL BE VESTED EN THE BOARD OF DIRECTORS AND THE SHAREHOLDER.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 06TH DAY OF NOVEMBER OF 1996.

  
Incorporator

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**CERTIFICATE DESIGNATING THE ADDRESS AND AN  
AGENT UPON WHOM PROCESS MAY BE SERVED**

**WITNESSETH:**

THAT STATUS INTERNATIONAL, INC DESIRING TO  
ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA, WHICH WILL HAVE ITS  
PRINCIPAL OFFICE IN THE COUNTY OF DADE , STATE OF FLORIDA  
HAS APPOINTED:

ZULEIKA GONCALVES VIEIRA

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

**ACKNOWLEDGMENT:**

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

STATUS INTERNATIONAL, INC

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE  
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY OF  
REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE  
APPLICABLE PROVISION OF THE FLORIDA STATUTES,

THIS 06TH DAY OF NOVEMBER , 1996.

  
Registered Agent

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STATE OF FLORIDA)  
 )  
COUNTY OF DADE )

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE  
AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED:

ZULEIKA GONCALVES VIEIRA

. KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF  
INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL  
SEAL,

IN THE STATE AND COUNTY AFORESAID

THIS 06TH DAY OF NOVEMBER, 1996.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

My commission expires:

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**SPECIFIC POWER OF ATTORNEY**

BE IT KNOWNED, THAT I, **ZULEIKA GONCALVES VIEIRA**, OF  
MIAMI, FL, THE UNDERSIGNED, TO HEREBY GRANT A  
LIMITED AND SPECIFIC POWER OF ATTORNEY TO **B & L BUSINESS LEGAL, INC.** OF  
MIAMI, FL -- AS MY ATTORNEY-IN-FACT.

SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO  
UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF: MANAGE THE  
PROCEDURES IN ORDER TO OBTAIN FEIN #, ANY KIND OF BUSINESS LICENSES, INQUIRE  
ABOUT LIABILITIES WITH THE I. R. S., FLORIDA DEPARTMENTS, CUSTOMS, AND ANY  
OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN SHALL INCLUDE SUCH  
INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND PERFORM THE  
SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT  
AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS  
MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION. THIS POWER OF  
ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE  
REVOKED UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER OF  
ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE AUTHORITY OF  
MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

SIGNED UNDER SEAL THIS 06TH DAY OF NOVEMBER, 1996.

ZULEIKA GONCALVES VIEIRA  
S.S.# 592-90-6668

STATE OF FLORIDA  
COUNTY OF DADE

On 11 / 06 / 96 before me, **ELYANE BECHTINGER** personally, appeared:

**ZULEIKA GONCALVES VIEIRA**

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose  
name(s) is / are subscribed to the within instrument and acknowledged to me that he / she / they executed  
the same in his/her/their authorized capacity (ies), and that by his / her / their signature(s) on the  
instrument the person(s), or The entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature \_\_\_\_\_  
Notary public

(Seal)

Affiant ☐ Known ☒ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_

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