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TRANSMITTAL LETTER

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

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-11/21/96--01049--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: INFUSTAT INC.  
(Proposed corporate name - must include suffix)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 20 AM 9:44

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

FROM: Albert Tellechea  
Name (printed or typed)  
2445 S.W 28 Street  
Address  
Coconut Grove, Florida 33133  
City, State & Zip  
(305) 229-9437  
Daytime Telephone number

ST  
11/26

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

## 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: INFUSTAT INC.

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### ARTICLE II PRINCIPAL OFFICE

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

2445 S.W 28 Street  
Coconut Grove, FL 33133

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5000 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Albert Tellechea  
2445 S.W 28 Street  
Coconut Grove, FL 33133

ARTICLE V INCORPORATOR(S)

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

Albert Tellechea  
1834 S.W 94 Court  
Miami, Fl 33165

Michael Tapia  
10321 SW 99 Ave  
Miami, Fl 33176

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

13 day of November, 1996.

Albert Tellechea  
Signature

Michael Tapia  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: INFUSTAT INC.

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

Albert Tellechea

(Name)

2445 S.W. 28 Street

(P.O. Box not acceptable)

Coconut Grove, Fl 33133

(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.*

Albert Tellechea

(Signature)

11/13/96

(Date)