

P 96000 101306

AMERICAN INSURANCE MANAGEMENT
750 EAST SAMPLE RD.
POMPANO BEACH, FL 33064
(305) 943-0533 • FAX (305) 943-0634

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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96 DEC 13 PM 3:05
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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-12/13/96--01080--015
*****79.00 *****79.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

F. OBERGER DEC 16 1996

ARTICLES OF INCORPORATION
OF

ARTICLE I

NAME

The name of this Corporation shall be :

Adam MENJIVAN, Inc

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating as
a ~~Masonry Contractor~~ and transacting any and all
lawful business.

ARTICLE III

CAPITAL STOCK

This corporation is authorized to issue 1000 shares of \$1
par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and
registered office of this corporation is

2770 S.W. 90TH Ave Miami, FL 33165

and the name of the initial

registered agent of this corporation at the above
address is: Adam MENJIVAN

ARTICLE V

DIRECTORS

This corporation shall have one Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name and address of the initial Director of this corporation is:

Adam MENJIVAN
2770 S.W. 90TH AVE
MIAMI, FL 33165

ARTICLE VI

INCORPORATORS

The name and address of the person signing these

Articles is: Adam MENJIVAN
2770 S.W. 90TH AVE
MIAMI, FL 33165

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION


The corporation shall indemnify any officer or director or former officer or former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this
of



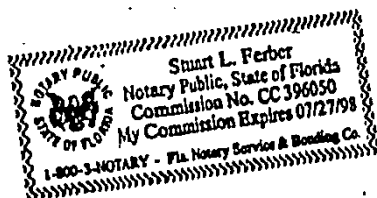
STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this 18 Day of Nov
personally appeared before me, the undersigned authority,
ADAM L. GONSIIVAN to me well known and known to me to the
individual described in and who executed the foregoing
Articles of Incorporation, and acknowledged before me that
they executed the same freely and voluntarily for the purpose
therein expressed.



Notary Public

My commission Expires:



CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED;

Adam MENJIVAN INC

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH ITS PRINCIPAL PLACE OF BUSINESS AT 2770 S.W. *Miami, FL 33166*, COUNTY OF *Dade* STATE OF *FLORIDA*. HEREWITH APPOINTS, AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

[Signature]
(CORPORATE OFFICER)

TITLE

President

DATE

11-18-96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

[Signature]

DATE

11-18-96

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