

TRANSMITTAL LETTER

*96000123113*

Department of State  
Division of Corporations  
P. O. Box 632  
Tallahassee, FL 32314

SUBJECT: THE ARZA GROUP, INC.  
(Proposed corporate name - must include suffix)

700002034327--6  
-12/19/96--01110--003  
\*\*\*122.50 \*\*\*122.50

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

ADDITIONAL COPY REQUIRED

FROM: RALPH ARZA  
Name (Printed or typed)

9921 NW 51 LN.  
Address

MIAMI, FL. 33178  
City, State & Zip

(305) 477-4951  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

96 DEC 19 AM 9:11

FILED

*[Signature]*  
*12/24*

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.*

FILED  
6 DEC 19 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

THE ARZA GROUP, INC.

### ARTICLE II PRINCIPAL OFFICE

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

9737 NW 41 ST SUITE 292  
MIAMI, FL. 33178

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RALPH ARZA  
9921 NW 51 LN.  
MIAMI, FL. 3378

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

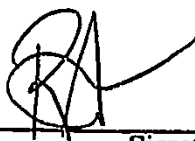
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RAIPH ARZA  
9921 NW 51 LN.  
MIAMI, FL 33178

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

18TH day of NOVEMBER, 19 96.

(An additional article must be added if an effective date is requested.)



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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.

1. The name of the corporation is:

THE ARZA GROUP, INC.

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

RALPH ARZA  
(NAME)

9921 N.W. 51 LN.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL 33178  
(CITY/STATE/ZIP)

**FILED**  
96 DEC 19 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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)

11/18/96

(DATE)