LAZAR 890 S.W. 87 AVENUE SUITE: 16 Address-

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

900002066179--0 -01/23/97--01061--004 **Office Usin20.15**0 ****122.50

| CORPORATION | NAME(S) & DOCUM | ENT NUMBER(S) | , (if known): | - |
|-------------------------------|--|------------------|-----------------------|--|
| 1. <u>ALMA A</u> | SOUTH 1 | VC. (Document#) | | · |
| 2(Cor | poration Name) | (Document #) | | |
| | poration Name) | (Document#) | | |
| 4 | | · | | |
| (Co | poration Name) | (Document#) | | |
| Walk in | Pick up time | · 10 10 | Certified Copy | |
| Mail out | ☐ Will wait ☐ Pl | notocopy | Certificate of Status | |
| NEW FILINGS CO | AMENDMENT | | SE TAL | 97 |
| Profit NonProfit | Amendment | Office (Disease) | LARE. | JAN 23 |
| Limited Liability | Resignation of R.A., Change of Registered | | TAR) ASS | No. of the last |
| Domestication | Dissolution/Withdray | | | P. III |
| Other | Merger | | STATE LORID, | PH 12: 30 |
| Optivity Things | TÜĞÜ İŞTÜZAT OLAMIN GA | ION/ | | CENT. |
| Annual Report Fictitious Name | Foreign | | ^ - | |
| Name Reservation | Limited Partnership | $Z \setminus V$ | B'I | ************************************** |
| , | Reinstitement Trudemark Other | | B() | 67 |
| CR2E031(1/95) | | | Examiner's Initials | |

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:

ALMAR SOUTH INC. I

| SECRETARY TALLAHASSE | 97 JAN 23 | e-succe |
|-------------------------|-----------|---------|
| OF STATE | PM 12: 30 | |

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 522775 MIAMI, FLORIDA 33152-2775

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:

MAYRA RODRIGUEZ 11261 N.W. 18 STREET PLANTATION, FLORIDA 33323

ARTICLE V INCORPORATOR(S)

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

ALVIN C. RODRIGUEZ - PRESIDENT & TREASURER

11261 N.W. 18 STREET

PLANTATION, FLORIDA 33323 MAYRA RODRIGUEZ- VICE PRESIDENT, SECRETARY & DIRECTOR

11261 N.W. 18 STREET

PLANTATION, FLORIDA 33323

ARTICLE VI DIRECTOR(S)

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

> PRESIDENT & TREASURER ALVIN RODRIGUEZ 11261 N.W. 18 STREET PLANTATION, FLORIDA 33323

VICE PRESIDENT, SECRETARY & DIRECTOR MAYRA RODRIGUEZ 11261 N.W. 18 STREET PLANTATION, FLORIDA 33323

Signature

| The undersigned incorpora | ator(s) has(have) execut | ed these Articles of Inco | rporation this |
|---------------------------|--------------------------|---------------------------|----------------|
| 22 day | of <u>JANUARY</u> | , 19 <u>97</u> | |
| | Sig | gnature Bodgnature | . |

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: ALMAR SOUTH INC.I | |
|----|---|-------------------------|
| 2. | The name and address of the registered agent and office is: | 97 |
| | MAYRA RODRIGUEZ | 97 JA |
| | (NAME) | A T |
| | 11261 N.W. 18 STREET | 97 JAN 23 P SECRETARY C |
| | (P.O. BOX <u>NOT</u> ACCEPTABLE) | PH I2: 3 |
| | PLANTATION, FLORIDA 33323 | : 30 TATE DRID, |
| | (CITY/STATE/ZIP) | .= |

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 | Mayia | Boch | |
|-----------|---------|------|---|
| DATE | 1/22/97 | 0 | 9 |