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4/24/97

FLORIDA DIVISION OF CORPORATIONS
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((H97000006714 4))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: F.N.M. INC.

AUDIT NUMBER.....H97000006714

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

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 1997

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97 APR 24 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION
OF

F.n.M INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

F.n.M. INC.

The principal place of business of this corporation shall be:

1250 FLOVER Ave
MIAMI SPRINGS, FL. 33166

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Maria Isabel Collazo
1250 Plover ave.
Miami Springs, FL 33166
(305) 887-4185

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

MARIA ISABEL COLLAZO
65-43 PARSONS BLVD. 2 A
FLUSHING, NY 11365

DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

MARIA ISABEL COLLAZO
65-43 PARSONS BLVD. 2 A
FLUSHING, NY

PRESIDENT, SECRETARY
TREASURER (100 SHARES)

The undersigned has (have) executed these Article of Incorporation this 23rd day of APRIL, 1997.

X Maria Isabel Collazo
Signature / Title

Signature / Title

Signature / Title

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _

F.n.M INC.

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

is MARIA ISABEL COLLAZO

(Name)

1250 Plover Ave. Miami Springs, FL 33166

(P. O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE *Maria Isabel Collazo*

DATE APRIL 23, 1997

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