

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

PROMERIM

(Proposed corporate name - must include suffix)

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

199 OCEAN LANE Do. # 115
Address

KEY BISCAYNE FL 33149
City, State & Zip

(305) 7559961

Daytime Telephone number

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

ARTICLES OF INCORPORATION	97 SEC TALI
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	FILI OCT IO RETAKY AHASSE
ARTICLE I NAME	
The name of the corporation shall be:	1 7: 1 7: 1 0R
PROMERIM INC.	50 (4)
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
600 Beichel Avenue suite 206-P MIAM	i FC 33/31
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at	any one time is:
(100) ONE HUNDRED	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD	RESS
The name and Florida street address of the initial registered agent are:	2/1
LORENZO CAMPINS	
199 OCEAN LANE DE #115 KEY BISCAYNE I	F/ 37/49
ARTICLE V NCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	7 / m
LORENZO CAMPINS	ngeleinight s
199 OCEN LANE DR. #115 KEY BISCAYNE	FL 3
oct - 8 - 9	7
Signature/incorporator	
* 19	Date
	Date
(An additional article must be added if an effective date is requ	ested.)

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

Signiture/Registered Agent

oct- 8-97