# ELECTRONIC FILING COVER SHEET

(((H97000018121 8)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: {305}541-3694

FAX #: (305)541-3770

NAME: COMARISAN, INC.

AUDIT NUMBER...... H97000018121

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

CERT. OF STATUS...O CERT. COPIES.....1

PAGES..... FAX

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#### -† †e170000 1812) ARTICLES OF INCORPORATION OF COMARISAN, 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: COMARISAN, INC.

The principal place of business of this corporation shall be:

#### 5400 PINE TREE DR. MIAMI BEACH, FL 33140

#### 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 States, 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:

#### 500 SHARES OF COMMON STOCK @ \$1.00 PAR VALUE

#### ARTICLE IV TERM OF EXISTENCE

This Corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officers(s) and director(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):

LUIS SANTANA 5400 PINE TREE DR. MIAMI BEACH, FL 33140

TULIO E. FERNANDEZ, P.A.

CERTIFIED PUBLIC ACCOUNTANT

ZEOL PONCE DE LEON BLVD., SUITE 1000

CORAL GABLES, FL 33134 (305°) (445 - 077°)

Herocoois125000

## ARTICLE VI INCORPORATOR(S)

Simpature (s) of incorporator(s)

The name(s) and street address(cs) of the incorporator(s) to these articles of incorporation is (are):

#### LUIS SANTANA 5400 PINE TREE DR. MIAMI BEACH, FL 33140

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this <u>30</u> day of <u>1084</u>.

STATE OF FLORIDA

COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this \_\_\_\_\_ day of \_\_\_\_ , 19\_\_\_ by (name of incorporator(s)) (name of corporation)

Notary Public

(SEAL)

My Commission Expires:

### 497000018121

## CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:	
	COMARISAN, INC.	
2.	The name and address of the registered agent and office is:	
	LUIS SANTANA	
	5400 PINE TREE DR.	
	(P.O. BOX NOT ACCEPTABLE)	
	MIAMI BEACH, FL 33140 (CITY/STATE/ZIP)	•
STA HER COM	SIGNATURE  (CORPORATE TITLE PRESIDENT  DATE 10 30 47  VING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR TED CORPORATION, AT THE PLACE DESIGNATED IN THIS REBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER APPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE OPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND	THE ABOVE CERTIFICATE, I AGREE TO E TO THE
PRO I AC	C/EPT THE DUTIES AND OBLIGATIONS OF SECTION 607.32	5 FLORIDA
	TUTES.  SIGNATURE (Registered Agent)	<u>L</u>
	(48	
	DATE /2/30/97	97 007 31 AM 9: 1  SERVE TANK OF STATE  TALLAMASSEE, FLORID