

P98000025324

Jorge Rodriguez

Requestor's Name

8518 SW 8th St #111

Address

Miami, FL 33144

City/State/Zip

Phone #

400002458624--6  
-03/16/98--01132--013  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Compubras Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 MAR 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

498-11594  
3/18/98

(R)

Examiner's Initials

**ARTICLE OF INCORPORATION**

**OF**

**COMPUBRAS CORP.**

FILED  
98 MAR 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: COMPUBRAS CORP.

The principal place of business of this corporation shall be:

8518 SW 8 th ST SUIT # 111

MIAMI, FL 33144

**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:

100 x \$10.00 = \$1,000.00

**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 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):

\_\_\_\_\_  
JORGE RODRIGUEZ

\_\_\_\_\_  
8518 SW 8th ST SUIT # 111

\_\_\_\_\_  
MIAMI, FL 33144

**ARTICLE VI INCORPORATOR(S)**


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

\_\_\_\_\_  
JORGE RODRIGUEZ

\_\_\_\_\_  
8518 SW 8th ST SUIT # 111

\_\_\_\_\_  
MIAMI, FL 33144

The undersigned has(have) executed these Articles of Incorporation this 10th day of march, 19 98.

\_\_\_\_\_  
 PRESIDENT  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**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: \_\_\_\_\_

\_\_\_\_\_  
COMPUBRAS CORP.

2. The name and address of the registered agent and office is \_\_\_\_\_  
JORGE RODRIGUEZ  
(Name)

\_\_\_\_\_  
8518 SW 8th ST SUIT #111

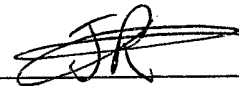
(P.O. BOX NOT ACCEPTABLE)

\_\_\_\_\_  
MIAMI, FL 33144

(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 \_\_\_\_\_



DATE \_\_\_\_\_

03/10/98

FILED  
98 MAR 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA