# 798000360 | TRANSMITTAL LETTER

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

| . •  |           |   |   |            | r ·  | 18 TAT                             |                             |                 |
|--|-----------|---|---|------------|--|------------------------------------|-----------------------------|-----------------|
| SUBJECT:                                   |           | NUBES, Inc.                                     |   |            | · · ·  | 是是                                 |                             | . <del></del> . |
|  | (Propo    | osed corporate na                               | me - must includ                                    | e sumxi    |  | ASSI                               | - i                         | <b>T</b>        |
|  |           | p# - /  |   |            |  | EE, FLORI                          |                             | <b>≜</b> ,      |
| Enclosed is an or for:  \$70.00 Filing Fee |           | d one (1) copy  \$78.75  Filing Fee Certificate | of the articles \$122.50 Filing Fee & Certified Con | F<br>NV Ce | \$131.25<br>illing Fee,<br>rtified Copy<br>Certificate | nd a meck                          | <b>-</b><br>                | _               |
|  |           |   |   |            | 4000   | 302492<br>04/08/98—<br>******78.75 | 514-<br>01058007<br>*****78 |                 |
| FF   | ROM:      | Patrici<br>Name (                               | a Ramirez<br>printed or typed)                      |            |  |                                    | •                           | •               |
|  |           |   | W 112 Ave.  |            |  |                                    | -                           | :-              |
|  | <b>\$</b> |   | F1 33176<br>y, State & Zip                          |            | · .  | <del>.</del> .                     | g =                         | _ ·             |
|  |           |   | 265-3818<br>Telephone numb                          | oer        |  |                                    | ·                           | <b>5</b> ·      |

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

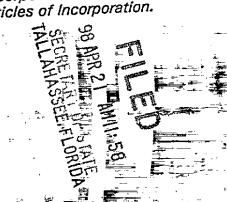
## ARTICLES OF INCORPORATION

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:

LAS NUBES, Inc.



#### ARTICLE II PRINCIPAL OFFICE

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

10835 SW 112 Ave # 112 Miami, F1 33176

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

99 Shares of \$ 1.00 each.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Patricia Ramirez

10835 SW 112 Ave. # 112 Miami, F1 33176

#### ARTICLE V INCORPORATOR(S)

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

John Ramirez..... Secretary (33 shares)
2819 South Wales Street
3rd F1.
Chicago, IL 60616

Patricia Ramirez.... Pres. and Tre. (33 shares)
10835 SW 112 Ave #112
Miami, FL 33176

Walter Kaiser .... Vice-Pres. (33 shares)
487½ Roxbury Dr.
Beverly Hill, CA 90212

۶,

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30 \_\_\_day of \_\_\_March \_\_\_\_, 19 98 \_\_.

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 nam | ne of the corporation is: LAS NUBES , Inc.                              |           |
|------------|---|-----------|
| 2. The nar | ne and address of the registered agent and office is:  Patricia Ramirez | TALLAHA 2 |
|            | (Name)  | The Ball  |
|            | (P.O. Box not acceptable)  Miami, F1 33176                              | TLORIUE B |
|            | (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.

March 30th, 1998
(Date)