(Requestor's Name) 3320 S.W. 87th AVENUE (Address) ****122.50 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): RODUCTIONS INC. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 → Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger

OTHER FILNGS

Annual Report

Fictitious Name

Name Reservation

CR2E031(9/92)

REGISTRATION/
QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

PRO-MIAMI'S-LIFE, EVENTS & PRODUCTIONS INC.

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A CORPORATION, UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

I

THE NAME OF THE CORPORATION SHALL BE:

PRO-MIAMI'S LIFE, EVENTS & PRODUCTIONS INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

18459 PINES BLVD. SUITE 198 PEMBROOKE PINES FL. 33029

II

THE MAIN PURPOSE OF THIS CORPORATION IS:

TRADE

SALES

EVENTS

DEVELOPMENT

PRODUCTION

AND

COUNCIL

IT MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL, ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY TERRITORY OR NATION.

Ш

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUT STANDING AT
ANY ONE TIME IS: 1000 SHARES OF \$1.00 PER VALUE.

THE EXISTANCE OF THIS CORPORATION IS PERPETUAL.

v

THE NAME AND STREET ADDRESS OF THE INITIAL OFFICERS AND DIRECTORS OF THIS CORPORATION, WHO SHALL HOLD OFFICE UNTIL THEIR SUCESSORS ARE ELECTED IS:

LUIS A. ZAFRA
PRESIDENT
18459 PINES BLVD. SUITE 198
PEMBROOKE PINES FL. 33029

THE STOCKHOLDERS AND NUMBER OF SHARES OF THE CORPORATION ARE:

LUIS A. ZAFRA
PRESIDENT
18459 PINES BLVD. SUITE 198
PEMBROOKE PINES FL. 33029

1000 SHARES

THE NAME AND STREET ADDRESS OF THE INCORPORATOR OF THESE ARTICLES OF INCORPORATION IS:

LUIS A. ZAFRA 18459 PINES BLVD. SUITE 198 PEMBROOKE PINES FL. 33029

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS:

11TH DAY OF MAY 1998

LUIS A. ZAFRA
PRESIDENT

STATE OF FLORIDA COUNTY OF DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO ME

THIS ____DAY OF _____BY LUIS A. ZAFRA OWNER.

FLORIDA LICENSE#

98 MAY IL PHIZ: II
SECRETARY OF STARE
TALLAHASSEF, FI TOPIE

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: PID-MINHI'S Sift.
2.	The name and address of the registered agent and office is: \[\lambda UIS \cdot A - \overline ZAFRA - 5665 - \tau \cdot \cdot 142 \cdot FUE \cdot \tau \tag{\text{FUE}} \]
	(NAME)
	· · · · · · · · · · · · · · · · · · ·
	MIRUI- 518- 33183-
	(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 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.

SIGNATURE

SIGNATURE

DATE

5-13-78

REGISTERED AGENT FILING FEE: \$35.00