

OFFICE USE ONLY Document #

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

700002563907--4

-06/18/98--01030--013

****122.50 ****122.50

OFFICE USE ONLY

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

1. DISTRIBUTORA MIOS CORPORATION
(Corporation Name) (Document #)

2. Translation: Mios Distributor Corporation
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

RECEIVED
98 JUN 18 AM 10:51
DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" 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 JUN 18 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

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 : **DISTRIBUIDORA MIOS COPRPORATION**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be :
5001 COLLINS AVE. MIAMI BEACH. FL. 33140 *APT-1G*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is : **100 HUNDRED SHARES**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

JACOBO VILLAR
8035 S.W. 15 STREET
33144
MIAMI FL

FILED
98 JUN 18 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATORS

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

OSCAR CULBEAUX MORA 5001 COLLINS AVE. MIAMI BEACH, FL. 33140
PRESIDENT

REBECCA CULBEAUX MORA 5001 COLLINS AVE. MIAMI BEACH, FL. 33140
SSN 460-63-9024. SECRETARY

OSCAR CULBEAUX ALONSO 5001 COLLINS AVE. MIAMI BEACH, FL. 33140
SSN 573-48-2790

MIRELIS ROQUE BRITO 5001 COLLINS AVE. AP 16 MIAMI BEACH 33140
VICE-PRESIDENT TREASURER

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

REBECCA CULBEAUX MORA 5001 COLLINS AVE. MIAMI BEACH, FL. 33140

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 17th day of JUNE, 1998.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$ 35

**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 : **DISTRIBUIDORA MIOS CORPORATION**

2.- The name and address of the registered agent and office is:

**JACOBO VILLAR
NAME**

**8035 S.W. 15 STREET
(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 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

DATE JUNE 17, 1998

FILED
98 JUN 18 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA