CFICE USE ONLY (Document #)	<i>MOU</i>	1590	3.3	3
LAZARUS CORPORATE FILING SI (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552 (City, State, Zip) (Pho LOCAL REPRESENTATIVE TALLA	-5973 one #)	OOOU	002579070 -07/02/9801052 ******78.75 *****	-007
CORPORATION NAME(S) & 1. EMILIANA (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name)	CORPO	<b>IBER(S) (if known):</b> Image: Construct of the second sec	98 JUL - 2 PH 1:52 SECRETARY OF STATE TALL AHASSEE, FLORIDA	
NEW FILINGS   Profit   NonProfit   Limited Liability   Domestication   Other   OTHER FILNGS   Annual Report   Fictitious Name   Name Reservation	Amendment	R.A., Officer/Director istered Agent thdrawal	OVVISION OF CORFORATION	

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## ARTICLES OF INCORPORATION

of

#### EMILIANA CORPORATION

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I - CORPORATE NAME

The name of the corporation is:

ARTICLE II - DURATION

EMILIANA CORPORATION

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

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The corporation is organized for the purpose of engaging in any activities or business permittee Funder the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>100</u> shares (one hundred) of <u>1.00</u> Dollar(s) (<u>sone dollar</u>) par. value Common Stock, which shall be designated "Common Shares"

# ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME PABLO J. DELFINO GOMEZ			
ADDRESS 8371 NW 66th ST.	· · · · · · · · · · · · · · · · · · ·		
CITY MIAMI	STATE FT.	ZIP - 33166	
MLANL			

The principal office, if known, or the mailing address of the corporation is:

NAME CORPORATION EMIL ADDRESS 837 NW 66th ZIP STATE CITY 331.66 MTAMJ

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

\_\_) directors initially. The number of (<u>one</u> This corporation shall have directors may be either increased or diminished from time to time by the By-Laws, but shall be less thatn one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME PABLO J. DELFINO	GOMEZ		
ADDRESS 8371 NW 66th ST	· · · · · · · · · · · · · · · · ·		· · ·
CITY		FL. ZIP 331	66
NAME			
ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY	STATE	ZIP	
NAME		· · · · · · · · · · · · · · · · · · ·	
ADDRESS			4, *
CITY	STATE	ZIP	· ** · · - ·

# Article VII - INCORPORATORS

tion are as follows:

The names and addresses of the inc	orporators signing in	lese Afficies of fileorpoiz	tion are as ionous	·,
NAME PABLO J. DELFINO	GOMEZ			
ADDRESS 8371 NW 66th ST.	<u> </u>	· · · · · ·		
CITY MIAMI	STATE I	TL ZIP	33166	· · · · · ·
NAME		-		
ADDRESS	<u> </u>	······		
CITY	 STATE	ZIP		
NAME	· _ · ·	=		-
ADDRESS				
CITY	STATE	ZIP		72
N WITNESS WHEREOF, the undersigne		executed these Articles	of Incorporation th	is <u>30</u>
lay of	, 19 <u>98</u>		+	
	1. Idoll			- · · · ·
V fa	1 for the		(S	eal)
	// i. /· i.	· · · · · · · · ·	(S	eal)
/			<u> </u>	
			(S	eal)
			<u></u> ``	· · · ·
STATE OF FLORIDA	) SS			
COUNTY OF DADE	;		· · · · ·	L
before me, a Notary Public authorized to	take acknowledgme	nts in the State and Cour	ity set forth above,	
personally appeared:				
1 hal diele -				
V for out	<u> </u>	SSPORT #1.457.		
Signature	· · · · · · · · ·	Form of Ident		न्त्र ्ति किंद्रिये क्लाई <del>स्टि</del> र्म
		Form of Ident		
Signature		Form of Ident	Incation	
Signature	^	Form of Identi	fication	
known to me and known to be the person(s) who execu	ted the foregoing Articles of			
me that executed the	se articles of Incorporation, e each name, and that an oa	, that I relied upon the form	_ of identification	· ····································
NOTATRY RUBBER STAMP SEAL	Witness my hand a	and official seal in the County ar	d State last aforesaid this	3
	30	day ofJUNE	19 98	
BY PUO OFFICIAL NOTARY SEAL			·	n an
OTO COMMISSION NUMBER		A (S		
MY COMMISSION EXPIRES	Notary Signiture ~~			
DEFLOE MAY 7,2000	TSRAET.	B. PANDO		

5

27.6

Primed Notary Signiture

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

# CERTIFICATE OF REGISTERED AGENT OF

(name of corporation)						
Pursuant to	Florida Statut	es Sections 48	.091 and 6	607.0501, the follo	wing is	submitted:
its registere	corporation, de d office as ind	icated in the A	nize under Articles of	the laws of the St Incorporation	ale of FI	onda with
at	8371	NW 6	6 St	Miami	FE.	33166
has named	हार्य है।	LLANA CO.	PP			

-

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

# ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

		-	·		
V pro-	(registered agent)		98 JU	Tertzar	-
			<b>2 PH</b> ASSEE, FI		·
FORM 215: CERTIFICATE & ACKNOWLEDGEMEN REGISTERED AGENT	VT PAGE 3		 I:52 STATE LORIDA	σ	