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Lazarus Corporate Filing Service, Inc.

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(City, State, Zip) (Phone #)

Local Representative Tallahassee

400002624434--9  
-08/25/98-01040-028  
\*\*\*\*122.50 \*\*\*\*122.50

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

- 1. PC NET INC. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

98 AUG 25 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

- Walk in     Pick up time 2:00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

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

98 AUG 25 AM 11:00  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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: PC NET INC.

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## ARTICLE II PRINCIPAL OFFICE

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

10971 S.W. 47th Street  
Miami FL 33165-6101

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TEODORO RAUL SUAREZ  
10971 S.W. 47th Street  
Miami FL 33165-6101

**ARTICLE V INCORPORATOR(S)**

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

TEODORO RAUL SUAREZ  
10971 S.W. 47th Street  
Miami FL 33165-6101

EMELINA A. SUAREZ  
10971 S.W. 47th Street  
Miami FL 33165-6101

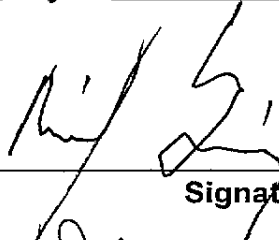
**ARTICLE VI DIRECTOR(S)**

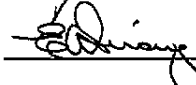
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

TEODORO RAUL SUAREZ  
10971 S.W. 47th Street  
Miami FL 33165-6101

*PRESIDENT*

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 24 day of August, 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.

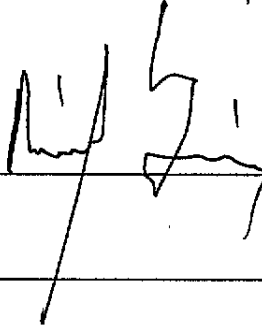
1. The name of the corporation is: PC NET INC.

2. The name and address of the registered agent and office is:  
TEODORO RAUL SUAREZ  
(NAME)

10971 S.W. 47th Street  
(P.O. BOX NOT ACCEPTABLE)

Miami FL 33165-6101  
(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 \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

REGISTERED AGENT FILING FEE: \$35.00