| A M                          | 200016<br>sestor's Name                         | 124 DIVISION TARKED STATE OF CORPORATIONS AM 11: 42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |  |
|------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| 201 MIN                      | OL, INC.<br>INESOTA ST. #1<br>OOD, FL 33019     | 8000026280380<br>-08/28/9801088002<br>*****70.00 ******70.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |  |
| City/State/Z                 | ip Phone #                                      | Office Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| 1. Villase                   | NAME(S) & DOCUMENT NUM<br>Poly Jacobian Name (I | Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>-</u>   |  |
| 2(Corp                       | oration Name) (I                                | Occument #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |  |
| 3. <u>(Corp</u>              | oration Name) (                                 | Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _          |  |
| 4(Corp                       | poration Name) (                                | Document #)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |  |
| ☐ Walk in                    | Pick up time                                    | Certified Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |  |
| Mail out                     | Will wait Photocopy                             | Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |  |
| NEW FILINGS                  | AMENDMENTS                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| Profit                       | Amendment                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _          |  |
| NonProfit                    |                                                 | Resignation of R.A., Officer/ Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |
| Limited Liability            | Change of Registered Agent                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| Domestication                | Dissolution/Withdrawal                          | Dissolution/Withdrawal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |  |
| Other                        | Merger                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
| OTHER FILINGS  Annual Report | REGISTRATION/ QUALIFICATION  Foreign            | mant de company de com |            |  |
| Fictitious Name              | Limited Partnership                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |  |
| Name Reservation             | Reinstatement                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
|                              | Trademark                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
|                              | Other                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |  |
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Examiner's Initials

# DIVISION DARY OF STATE OF CORPORATIONS 98 AUG 28 AM 11:42

## ARTICLES OF INCORPORATION OF

#### VILLAPOL, INC.

The undersigned, resident of the State of Florida, being twenty one (21) years or more of age, do hereby organize for the purpose of forming a corporation under the statutes of the State of Florida.

## ARTICLE ONE NAME

The Name of the corporation shall be VILLAPOL, INC.

#### ARTICLE TWO LOCATION

The location of the principal office of the corporation shall be 321 MINNESOTA STREET, #1, HOLLYWOOD, FL 33019.

#### ARTICLE THREE PURPOSE

The purpose of the corporation shall be to engage in any business not prohibited by the statutes of the State of Florida or the United States laws.

# ARTICLE FOUR MEMBERS.

Membership in the organization shall be restricted to the shareholders. In case of Death of LIGIA M. VILLAPOL, her 49% of the shares of the corporation will belong to the following person divide in equal parts:

| LEONOR P. PALACIOS         | 12.25% | Daughter |
|----------------------------|--------|----------|
| PATRICIA PALACIOS          | 12.25% | Daughter |
| <b>GUSTAVO G. PALACIOS</b> | 12.25% | Son      |
| NESTOR I. PALACIOS         | 12.25% | Son      |

## ARTICLE FIVE OFFICERS

The officers of the corporation shall be elected by the general membership during a meeting called for such purposes. The names and addresses of the officers of the corporation until the next election shall be as follows:

- 1- OSCAR A. PALACIOS President/ Treasurer 321 Minnesota Street #1 Hollywood Beach, Fl 33019
- 2- LIGIA M. VILLAPOL Vice-President/ Secretary 321 Minnesota Street #1 Hollywood Beach, Fl 33019

## ARTICLE SIX CORPORATE STOCK

The stock of the corporation shall consist of one thousand (1,000) shares at one dollar (\$1.00) par value. The stock of the corporation shall be distributed as follows:

OSCAR A. PALACIOS - 51%

LIGIA M. VILLAPOL - 49%

## ARTICLE SEVEN DURATION

The duration of the corporation shall be perpetual.

#### ARTICLE EIGHT MEETINGS

The officers of the corporation shall meet, at least, once per month at a time, place and date designated by the By Laws of the Corporation. The annual meeting shall be held in the month of December of each year.

## ARTICLE NINE BY - LAWS AND AMENDMENTS.

The By-Laws and amendments to it shall be made by a designee of the president of the corporation.

The By - Laws and amendments shall be approved by a majority of the membership.

#### ARTICLE TEN REGISTERED AGENT

The registered agent for the corporation shall be Oscar A. Palacios, and the address where process can be served to the corporate agent is 321 Minnesota Street #1, Hollywood Beach, Fl 33019.

## ARTICLE ELEVEN LIMITATION OF POWERS

Not withstanding any other provisions of these articles, this corporation shall not carry out any activities not permitted to be carried out by a corporation incorporated under the statutes of the State of Florida.

## ARTICLE TWELVE DISSOLUTION CLAUSE

In the event of dissolution, the residual assets of the corporation shall be distributed as prescribed by the Statutes of the State of Florida.

IN WITNESS WHEREOF the undersigned, being incorporator of this corporation, have executed these articles of incorporation this 12 day of the month of August, of the year 1998.

OSCAR A. PALACIOS

LIGIA M. VILLAPOL

State of Florida

S.S.

County of Broward

Before me, the undersigned authority, personally appeared Oscar A. Palacios and Ligia M. Villapol, to me known to be the persons who executed the foregoing articles of incorporation and acknowledged before me, according to the law that he made and subscribed the purpose therein mentioned and set forth.

XTARY PUBLIC

LILIAN TORRES

My Comm Exp. 6/20/00

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No. CC584639

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#### ACCEPTANCE BY THE REGISTERED AGENT

Having been named to accept services and processes for VILLAPOL, Inc., at a place designated by the articles of incorporation, I hereby accept to Act in this capacity and agree to comply with the provisions of the Florida Statutes, relative to keeping open said office for services and process.

Oscar A. Palacios, Registered Agent

NOTARY PUBLIC

LILIAN TORRES

My Comm Exp. 5/20/00

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No. CC564639

My Personally Known [1] Other 1 D