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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346



FLORIDA PROFIT CORPORATION OR P.A.

MOLA MARTE CONSTRUCTION INC.

Certificate of Status	
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Estimated Charge	\$78.75

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ARTICLE OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF MOLA MARIE CONSTRUCTION INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MOIA MARKE CONSTRUCTION INC.

The principal place of business of this corporation shall be: 545 NW. 129 TH. ST. MIAMI, FLORIDA 33168-3742

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State. the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times 10.00 = 1.000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by:
Basic Accounting Service
692 W.29 Street # 9
Hialeah, F1 33012
305-887-4185

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

RAMON MOLA 545 NW. 129 ST. MIAMI, FL. 33168-3742 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

KAMON MOLA 545 NW. 129 ST. MIAMI, FLORIDA 33168 PRESIDENT, SECRETARY & TREASURER 100 shares

The undersigned has (have) executed these Article of Incorpora tion this 8 th. day of September . 19 98

> Signature/The Signature/Title Signature/Title

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CERTIFICATE OF DESIGNATION SECRETARY OF STATE REGISTERED AGENT/REGISTERED OFFICE LAHASSEE, FLORIDA

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.

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MC	LA MARIE CC	HOTROGES				
The na	me and add	lress of	the regi	stered	agent	and off
	RAMON	MOLA				
is	`		(Name)			
	545 NW. 1	29 ST.				
***		(P. O. 1	BOX NOT	ACCEPTA	BLB)	
	MIAMI, F	LORIDA 3	3168		<u></u> ,	
		1017	Y/STATE/	ZIP)		

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE 09-08-98