# DOQNINA 1904

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

300002638488--5 -09/14/38--01090--020 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:		porate name - must include suff	fix)
Enclosed is an original a	nd one(1) copy of the arti	cles of incorporation and a	check for:
\$70.00	\$78.75	□\$122.50	<b>□</b> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	
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FROM: _		MBRA (Printed or typed)	
	Name	(Finica of typea)	<b>=</b> 0
_	10668 NW-	FONTAINEBLEAU B	98 SEP
		Address	- Same -
	MIAMI,	FLORIDA 33172	EP 14 AM 10: 14 ANASSEE, FLORIT
-	C	ty, State & Zip	10: FL
me as	(305)	273-1780	ORDE TH
181		e Telephone number	<del></del>
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TSARO CORPORATION

NOTE: Please provide the original and one copy of the articles.

## FILED

#### ARTICLES OF INCORPORATION

98 SEP 14 AM 10: 14

The undersigned incorporator, for the purpose of forming a corporation under the Florida FASSEE. FLORIDA Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: ISARO CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 10668 NW Fontainebleau Boulevard, Miami, FL. 33172

## ARTICLE III SHARES

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

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Isabel Lacambra 10668 NW Fontainebleau Blvd.
Miami, FL. 33172

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator of these Articles of Incorporation are: Isabel Lacambra 10668 NW Fontainebleau Blvd. Miami, FL. 33172

Signature/Incorporator Date

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/Registered Agent Date