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# Division of Corporations

### Florida Department of State

Division of Corporations

Public Access System Sandra B. Mortham, Secretary of State

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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)541-3694

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: (305) 541-3770

## FLORIDA PROFIT CORPORATION OR P.A.

ABEL ORDONEZ LIMITED, INC.

Certificate of Status	0
Certified Copy	1
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1 of 2

EMPIRE CORP

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### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 2, 1998

**EMPIRE** 

SUBJECT: ABEL ORDONEZ LIMITED, INC.

REF: W98000D22540

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

PLEASE ADD A PERIOD AFTER INC ON THE CERTIFICATE OF DESIGNATION IF THAT IS HOW THEY WANT THE NAME FILED.

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Tracy Augsburger Document Specialist

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# 

ARTICLES OF INCORPORATION

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OF '

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ABEL ORDONEZ LIMITED, INC.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

ABEL ORDONEZ LIMITED, INC.

#### Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

#### Article III

The principal place of business and mailing address of this corporation shall be: 4691 NORTH UNIVERSITY DRIVE, SUITE #464 CORAL SPRINGS, FL 33067

#### Article IV

The general nature of business of this corporation is to transact any and all lawful business.

#### Article V

The number of shares which this corporation shall have authority to issue is 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### Article VI

The name and street address of the initial Registered Agent of this corporation shall be: ABEL ORDONEZ JIMENEZ
4691 NORTH UNIVERSITY DRIVE, SUITE #464
CORAL SPRINGS, FL 33067

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY, 1492 WEST FLAGLER STREET, #200, MIAMI, FL 33135, (305) 541-3694

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#### Article VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

ABEL ORDONEZ JIMENEZ PRESIDENT 4691 NORTH UNIVERSITY DRIVE, SUITE 464 CORAL SPRINGS, FL 33067

ALEJANDRO STIGLICH VICE-PRES./SEC./TREAS. 3111 UNIVERSITY DRIVE, SUITE #725 CORAL SPRINGS, FL 33065

#### Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this <u>2ND</u> day of <u>OCTOBER</u>,1998.

Ray Stormont, President

Signing for Empire Corporate Kit of America, Inc.

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

First that #BEL ORD ONEZ LIMITED INC.

(Name of Corporation)

desiring to organize under the laws of the State of FLORIDA

(Florida)

with its principal office, as indicated in the articles of incorporation has

named #BEL ORDONEZ JIMENEZ

(Name of Registered Agent)

(Name of Registered Agent)

Svite # 464

City of Coral SPRING County of BROWNED

State of Florida, as its agent to accept service of process within this state.

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.

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