

TRANSMITTAL LETTER

P98000087187

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

SUBJECT:

MIAMI FORFEITING COMPANY  
(Proposed corporate name - must include suffix)

700002660867--2  
-10/09/98--01089--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

JULIO MOREJON

Name (Printed or typed)

1220 WALLACE STREET

Address

CORAL GABLES, FL 33134

City, State & Zip

(305) 445-7952

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 OCT - 9 PM 2:26

FILED

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

10/22/98  
4

**ARTICLES OF INCORPORATION  
OF  
Miami Forfeiting Company**

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: Miami Forfeiting Company

The principal place of business shall be: 1208 Wallace Street  
Coral Gables, FL 33134

**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 States, 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: 1,000 shares \$.50 par value

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(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):

James W. Collins  
114 Antiquera, Apt #1  
Coral Gables, Florida 33134

Julio Morejon  
1220 Wallace Street  
Coral Gables, Florida 33134

Prepared by: Julio Morejon  
1220 Wallace Street  
Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA



**ARTICLE VI INCORPORATOR(S)**

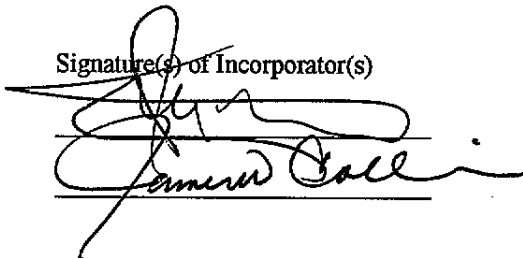
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

James W. Collins  
114 Antiquera, Apt #1  
Coral Gables, Florida 33134

Julio Morejon  
1220 Wallace Street  
Coral Gables, Florida 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6<sup>th</sup> day of October, 1998

Signature(s) of Incorporator(s)



**STATE OF FLORIDA  
COUNTY OF DADE**

THE FOREGOING instrument was acknowledged and sworn to before me this 6<sup>th</sup> day of

October, 1998, by James W. Collins (FI driver's license # C452-459-40-027-0)  
Julio Morejon (FI driver's license # M625-420-65-302-0 )  
(Name of Incorporators)

of Miami Forfating Company  
(Name of Corporation)



Maria Fernandez De Castro  
My Commission CC603987  
Expires November 25, 2000

Notary Public

  
My commission Expires: \_\_\_\_\_

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: Miami Forfeiting Company

2. The name and address of the registered agent and office is:

Julio Morejon

(P.O. BOX NOT ACCEPTABLE)

1220 Wallace Street, Coral Gables, Florida 33134

(CITY/STATE/ZIP)

SIGNATURE

TITLE

DATE

10/6/98  
Vice President

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCES OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

10/6/98

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: