

P9800092454

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LAMARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400002676574--9

-10/30/98--01033--010

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OBERCOM LTDA, INC.

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

3. (Corporation Name)

(Document #)

4. (Corporation Name)

(Document #)



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Certificate of Status

98 OCT 30 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DIVISION OF CORPORATION  
98 OCT 30 AM 10:53  
RECEIVED

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

**OBERCOM LTDA, INC.**

**FILED**  
98 OCT 30 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

**OBERCOM LTDA, INC.**

The principal place of business of this corporation shall be:

**20533 BISCAYNE BLVD #347 AVENTURA, FLORIDA 33180**

**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:

**500 SHARES AT \$1 (DOLLAR) EACH**

**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):

**MAX SOLIS**

**President**

**20533 BISCAYNE BLVD #347 AVENTURA, FLORIDA 33180**

PREPARED BY:

**Max Solis  
(305) 984-3171**

ARTICLE VI INCORPORATOR(S)


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

MAX SOLIS

20533 BISCAYNE BLVD #347 AVENTURA, FLORIDA 33180

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29th OCTOBER 1998

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA DADE  
COUNTY OF \_\_\_\_\_

THE FOREGOING instrument was acknowledged and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_, by \_\_\_\_\_  
(Name of incorporator)  
of \_\_\_\_\_  
(Name of Corporation)

Notary Public

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

**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: OBERCOM, LTDA, INC.

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

MAX SOLIS                      20533 BISCAYNE BLVD #347 AVENTURA, FLORIDA 33180

SIGNATURE

*Max Solis*

TITLE

PRESIDENT

DATE

10/29/98

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 PERFORMANCE OF MY DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

*Max Solis*

DATE

10/29/98