

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

200002707222--0

-12/09/98--01060--009

*****78.75 *****78.75

OFFICE USE ONLY

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

1. COOPECODE R.L. CORP. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 DEC -9 PM 2:09

FILED

DIVISION OF CORPORATION

99 DEC -9 AM 11:07

RECEIVED

FILED

98 DEC -9 PM 2:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

COOPECODE R.L. CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailling address of this corporation shall be:

P.O. BOX 660748 MIAMI SPRINGS, FL. 33266.-

ARTICLE III SHARES

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

100 shares with value \$5,00 each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**LIGIA MARIA RAMIREZ
1220 Nightingale Ave, Miami Springs Fl. 33166.**

ARTICLE V INCORPORATOR(S)

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

**COOPECODE R.L.
P.O. BOX 10-625-1000
SAN JOSE, COSTA RICA.**

ARTICLE VI DIRECTOR(S)

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

**AIDA LIA PIEDRA TAMES
PRESIDENT
CALLE 11 - AVENIDA 6 Y 8
P.O. BOX 10.625-1000
SAN JOSE COSTA RICA.**

**LIGIA MARIA RAMIREZ
SECRETARY
1220 NIGHTINGALE AVE
MIAMI SPRINGS FL. 33166.**

**LAMONTE WILLIAMS
VICE-PRESIDENT.
1220 NIGHTINGALE AVE
MIAMI SPRINGS FL. 33166.**


The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 7 day of December, 1998.



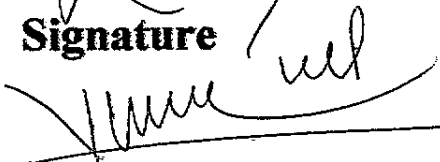
Signature



Signature



Signature



Signature

Lic. Allen Jorge Lopez G.
Abogado y Notario
San José, Costa Rica

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

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.

1.- THE NAME OF THE CORPORATION IS:

COOPECODE R.L.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

**LAMONTE WILLIAMS
PRESIDENT**

**LIGIA MARIA RAMIREZ
TREASURER**

1220 NIGHTINGALE AVE. MIAMI SPRINGS FL. 33166 U.S.A.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PPOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THES 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 LEGISTERED AGENT.

SIGNATURE _____

MRLAMONTE WILLIAMS

SIGNATURE _____

MRS. LIGIA MARIA RAMIREZ

DATE: 12-07-98.-

SECRETARY OF STATE
TALLAHASSEE FLORIDA

98 DEC -9 PM 2:09

FILED