

P99000002049

TRANSMITTAL LETTER

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

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-01/07/99--01101--003
*****87.50 *****87.50

SUBJECT: ADA Products and Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(²~~1~~) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Salomon Esquenazi
Name (Printed or typed)

P.O. Box 826011
Address

South Florida, Florida 33082-6011
City, State & Zip

786-218-7600
Daytime Telephone number

FILED
99 JAN -7 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION
OF
ADA PRODUCTS AND SERVICES, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the corporation shall be ADA Products and Services, Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business address of this corporation shall be 469 Northeast 207th Lane, #106, N. Miami Beach, Florida 33179. The mailing address of this corporation shall be P.O. Box 826011, South Florida, Florida 33082-6011.

ARTICLE III – SHARES

The aggregate number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock, all of which are to have a par value of One Dollar (\$1.00) per share. The Board of Directors shall fix the consideration to be received for each share. Such consideration shall consist of any tangible or intangible property or benefit to this corporation, including cash, promissory notes, services performed or written promises to perform services and shall have a value, in the judgment of the directors, equivalent to or greater than the full par value of the shares.

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Name

Address

Joseph M. Sciandra

400 Southeast 8th Street
Ft. Lauderdale, Florida 33316

ARTICLE V – EFFECTIVE DATE

This corporation shall commence on the date on which these Articles of Incorporation are filed with the Secretary of State.

ARTICLE VI – INITIAL BOARD OF DIRECTORS

The initial Board of Directors of this corporation shall be comprised of two persons. The number of directors may be either increased or decreased from time to time as provided for in the Bylaws of this corporation, but shall never be less than one. The names and addresses of the members of the initial Board of Directors of this corporation are:

<u>Name</u>	<u>Address</u>
Salomon Esquenazi	Carrera 83 #44-12 Santafe de Bogota, Colombia South America
Alberto Esquenazi	469 Northeast 207 th Lane, #106 N. Miami Beach, Florida 33179

ARTICLE VII – INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

<u>Name</u>	<u>Address</u>
Salomon Esquenazi	Carrera 83 #44-12 Santafe de Bogota, Colombia South America

ARTICLE VIII – BYLAWS

The power to alter, amend or repeal the Bylaws shall be vested in each of the Board of Directors and the shareholders of this corporation.

ARTICLE IX - AMENDMENT

This corporation reserves to its shareholders the right to amend or repeal any provisions now or hereafter contained in these Articles of Incorporation. Any rights which these Articles may confer upon this corporation may be modified or cancelled by a vote of the shareholders to amend or repeal said Articles.

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

Solomon Esquivel R.
Signature/Incorporator

01-04-99.
Date

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in these Articles, 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]
Signature/Registered Agent

1/4/99
Date

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TALLAHASSEE, FLORIDA