# 179900003906

# Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

BEEPERMANIA OF SOUTH FLORIDA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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#### CERTIFICATE OF INCORPORATION

OF

### DEEPERMANIA OF SOUTH FLORIDA, INC.

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

- 1. The name of the corporation shall be: BEEPERMANIA OF SOUTH FLORIDA, INC., and its existence shall be perpetual.
- 2. The general nature of the business to be transacted shall be to sell and rent beepers and cellular phones and to have all other powers provided by the laws of the State of Florida.
- 3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.
- 4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.
- 5. The principal office of this corporation shall be 16300 N.E. 19th Avenue, Suite 221, N. Miami, Florida 33162.
- 6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

NAME
OFFICER
POST OFFICE ADDRESS

ADALBERTO HERRERA
President
Suite 221
PREPARED BY:
Daniel M. Keil,
3165 W. 4th. Avenue
Hialeah, Fl 33012
(305) 883-6600

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JACQUELINE HERRERA

Vice-President

16300 N.E. 19th Avenue Suite 221

N. Miami, FL 33162

7. The name and post office address of the subscriber to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

NAME AND ADDRESS	NO. OF SHARES	CONSIDERATION
ADALBERTO HERRERA	25	\$250.00
JACQUELINE HERRERA	<b>25</b> '	\$250.00

8. DANIEL M. KEIL, ESQ., is hereby designated as the Registered Age at for the corporation and his address is 3165 West 4th Avenue, Hialeah, Florida.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this day of \_\_\_\_\_\_\_\_, 1999, for the uses are purposes afforesaid.

ADALBERTO HERRERA PRESIDENT

JACQUELINE HERRERA, VICE-PRESIDENT . 16300 N.E. 19th Avenue, Suite 221

STATE OF FLORIDA ) N. Miami, Fl 33162

) ss.

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared ADALBERTO HERRERA AND JACQUELINE HERRERA. Describer and person

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described in who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, [ 1] who is personally known to me or [ ] who produced the following Edentification \_\_\_\_\_\_ and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County,

Florida this the \_\_\_\_\_\_\_, 1999.

Notary Public, State of FL.

My Commission Expires:

OFFEITAL NOTARY SEAL
EMILIA T MURGADO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC776505
MY COMMISSION EXP. SEPT 17,2002

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following is submitted:

BEEPERMANIA OF SOUTH FLORIDA, INC.

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has named DANIEL M. KEIL, Esq. located at 3165 West 4th Avenue, Hialeah, Florida, as its Agent to accept service of process within Florida.

CORPORATE OFFICER

 $\mathcal{D}_{a} \cdot \mathcal{A}$ 

DATE /-8-69

I HAVING DEEN 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.

RESIDENT AGENT

DATE /- 1-99