

P 99 0000 3912

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000001002 7))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 HIALEAH, INC.

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

FILED
99 JAN 13 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF INCORPORATION

OF

BEEPERMANIA OF HIALEAH, INC.

FILED
99 JAN 13 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 HIALEAH, 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:

<u>NAME</u>	<u>OFFICER</u>	<u>POST OFFICE ADDRESS</u>
ADALBERTO HERRERA	President	16300 N.E. 19th Avenue Suite 221 N. Miami, FL 33162

Prepared by:
Daniel M. Keil,
3165 W. 4th. Avenue,
Hialeah, Fl 33012
(305) 883-6600

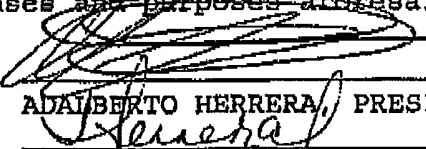
JACQUELINE HERRERA Vice-President 16300 N.E. 19th Avenue
Suite 221
N. Miami, FL 33162

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:

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

8. DANIEL M. KEIL, ESQ., is hereby designated as the Registered Agent 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 8 day of Jan, 1999, for the uses and purposes aforesaid.


ADALBERTO HERRERA, PRESIDENT

JACQUELINE HERRERA, VICE-PRESIDENT
16300 NE 19th Avenue, Suite 221
N. Miami, FL 33162

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

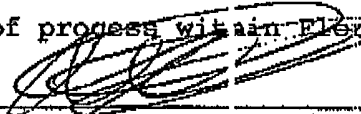
BEFORE ME, the undersigned authority, personally appeared ADALBERTO HERRERA AND JACQUELINE HERRERA. Describer and person

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 HIALEAH, 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

TITLE President

DATE 1-8-99

I 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.


RESIDENT AGENT
DATE 1-8-99

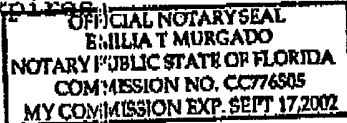
H99000001002 7

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

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County,
Florida this the 8 day of Jan, 1999.

Emilia T. Murgado
Notary Public, State of FL.

My Commission Expires



FILED
99 JAN 13 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H99000001002 7