

P99000005766

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.**

(((H99000001558 8)))

**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

FILED  
99 JAN 20 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.****GOOD MOMENTS CORPORATION**

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

1/20/99  
mm

FILED  
99 JAN 20 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
GOOD MOMENTS CORPORATION

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

GOOD MOMENTS CORPORATION

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

Prepared By: Ana Dalmau Ares  
3636 SW 87th Ave.  
Miami, FL 33165  
Tel: (305) 448-2072

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:  
To have perpetual succession by its corporate  
name; GOOD MOMENTS CORPORATION

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MARIO C. RUIZ  
143 NW 86 PLACE  
MIAMI, FL. 33126

The principal office shall be:

143 NW 86 PLACE  
MIAMI, FL. 33126

ARTICLE VI


The initial Board of Directors shall consist of a total of TWO (02) person, and the name and address of the person who is to serve as an initial director is:

<i>MR</i> MARIO C. RUIZ 143 NW 86 PLACE MIAMI, FL. 33126	PRESIDENT SECRETARY-TREASURER	50%
<i>2.S</i> REYNALDO N. SORLOZA 143 NW 86 PLACE MIAMI, FL. 33126	V-PRESIDENT	50%

The name and address of the incorporator executing these Articles of Incorporation is:

MARIO C. RUIZ  
143 NW 86 PLACE  
MIAMI, FL. 33126

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 19TH day of January, 1999.

  
\_\_\_\_\_  
MARIO C. RUIZ

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

Pursuant to the provision 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:

**GOOD MOMENTS CORPORATION**

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

**MARIO C. RUIZ  
143 NW 86 PLACE  
MIAMI, FLORIDA 33126**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS 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 REGISTERED AGENT.**

SIGNATURE



**FILED**  
**99 JAN 20 PM 3:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**