

P990000 10/4

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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. N. B. I. CONSTRUCTION, INC. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

FILED
 99 JAN 25 PM 1:54
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Walk in
 Pick up time 2:00
 Certified Copy

Mail out
 Will wait
 Photocopy
 Certificate of Status

100002753371--9
 -01/25/99--01086--032
 *****78.75 *****78.75

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

RECEIVED
 99 JAN 25 AM 11:25
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

25

Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: N. B. I. CONSTRUCTION, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ _

FROM:

BEATRIZ ALFONSO

18900 NW 47 AVE Name (printed or typed)

CAROL CITY, FLA. 33055 Address

(305) 625-4690 City, State, & Zip

Telephone Number

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION
OF

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99 JAN 25 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

N. B. I. CONSTRUCTION, INC.

ARTICLE II PRINCIPAL OFFICE

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

18900 NW 47 AVE.
CAROL CITY, FLA. 33055

ARTICLE III SHARES

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

100 @ \$10.00 E/O

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEATRIZ ALFONSO
18900 NW 47 AVE.
CAROL CITY, FLA. 33055

ARTICLE V INCORPORATOR(S)

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

BEATRIZ ALFONSO

18900 NW 47 AVE.

CAROL CITY, FLA. 33055

AS:

PRESIDENT/TREASURER

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21 day of JANUARY, 19 99.


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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: N. B. I. CONSTRUCTION, INC.

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

BEATRIZ ALFONSO
(NAME)
18900 NW 47 AVE.
(P.O. BOX NOT ACCEPTABLE)
CAROL CITY, FLA. 33055
(CITY/STATE/ZIP)

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 Beatz Alfonso

DATE JANUARY 21, 1999

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99 JAN 25 PM 1:54
SECRETARY OF STATE
ALLAN ASSEE FLORIDA