

OFFICE USE ONLY (Document #)

HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. DEACO MANAGEMENT GROUP, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
99 FEB 18 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

RECEIVED  
99 FEB 18

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

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**

**DEACO MANAGEMENT GROUP, INC.**

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 this corporation shall be:

**DEACO MANAGEMENT GROUP, INC.**

**ARTICLE II PRINCIPAL OFFICE**

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

1440 Brickell Bay Drive #409  
Miami, Florida 33131

**ARTICLE III CAPITAL STOCK**

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

**750 AT \$10.00 PAR VALUE**

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Rolando M. Lopez  
1440 Brickell Bay Drive #409  
Miami, Florida 33131

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TALLAHASSEE FLORIDA

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is:

DEACO MANAGEMENT GROUP, INC.

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

ROLANDO M. LOPEZ  
1440 Brickell Bay Drive #409  
Miami, Florida 33131

  
Resident Agent - ROLANDO M. LOPEZ

Date: February 17, 1999

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

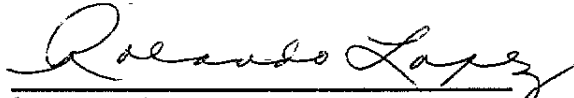
  
Resident Agent - ROLANDO M. LOPEZ

ARTICLE V INCORPORATOR(S)

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

Rolando M. Lopez  
1440 Brickell Bay Drive #409  
Miami, Florida 33131

The undersigned has (have) executed these Articles of Incorporation this 17  
day of Feb., 19 99.

  
Incorporator - ROLANDO M. LOPEZ

\_\_\_\_\_  
Incorporator -

STATE OF FLORIDA

COUNTY OF DADE

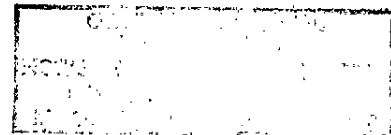
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared ROLANDO M. LOPEZ, to me known to be the persons described in and who executed the foregoing instrument or who have produced DRIVER'S LICENSE as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 17 day of Feb., 19 99.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida at large

(Print Name)

My Commission Expires:



99 FEB 18 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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