2016981 LAZ (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick-up time Walk in Certificate of Status Will wait Photôcopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other 3**00002779123---**2 -02/18/99--01846--007 \*\*\*\*\*78.75 \*\*\*\*\*78.75 REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report <del>Foreig</del>n Fictitious Name Limited Pagnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(9/92)



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 18, 1999

**LAZARUS** 

MIAMI, FL

SUBJECT: INTERNATIONAL GROUP INC.

Ref. Number: W99000004151

We have received your document for INTERNATIONAL GROUP INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 499A00007413

ONVISION OF CORFORATION

## ARTICLES OF INCORPORATION

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	99 FE SECRI	
The name of the corporation shall be:  ROMA INTERNATIONAL CROWN INC.	B 22 PM 2: ETARY OF SI HASSEE FLO	
	: 59 IATE ORIDA	

#### ARTICLE II PRINCIPAL OFFICE

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

6804 S.W. 10 CT. PEMBREKE PINES F1 33023

#### ARTICLE III SHARES

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

7.500 COMPION SHARES \$1.00 PAR VALUE EACH

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. NOSH TRANI 6804 SW 100T PEMBREAKE PINES F1 33013

#### ARTICLE V INCORPORATOR(S)

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

Mr.	NOSH IPANI 04 SW 10 CT Droke Pives F1 33013
<b>€</b> 4€	04 SW 10 CT
PEA	Aroke Pines F1 33013
AR	TICLE VI DIRECTOR(S)
The name(s) and street addres incorporation is(are):	s(es) of the director(s) to these Articles of
Mr	· NOCH TRANI
Q₽C	A SW 10 CT UBROKE PINES F1 33013
PED	UBROKE PINES F1 33063
The undersigned incorporator(Incorporation this	s) has(have) executed these Articles of
	x Noshtie
	Signature
	0:
· • • • • • • • • • • • • • • • • • • •	Signature
•	Signature
<u> </u>	<u>-</u>
COUNTY OF DADE	
forth above, personally appeared, all the	I to take acknowledgement in the State and county set above Incorporators known to be and known by me to be rticles of Incorporation, and they acknowledged to me that
they executed those Articles of Incorporat	ion.
IN WITNESS WHEREOF, I have set my	hand and seal in the State and County above, this
14 day of Feb.	1999 ROFRO FELL T MANNE
	NOTARY BONDER By Service Ins

# 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.

The name and ad	ress of the registered agent and office is:
	Mr. NOSH IRANI.
	(NAME)
	6804 SW 10 CT
	(P.O. BOX NOT ACCEPTABLE)
	PENBROKE PINES \$1 32053
	(CITY/STATE/ZIP)
CESS FOR THE AB	S REGISTERED AGENT AND TO ACCEPT SERVICE OF
CESS FOR THE ABOUTED IN THIS CONTENT AND STERED AGENT AND COMPLY WITH AND ACCURATE	
CESS FOR THE ABOUTED IN THIS CONTROL OF THIS CONTROL OF THE COMPLY WITH THE COMPLY WITH COMPROPER AND COMP	OVE STATED CORPORATION AT THE PLACE RTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS ID AGREE TO ACT IN THIS CAPACITY. I FURTHER IT THE PROVISIONS OF ALL STATUTES RELATING TO PLETE PERFORMANCE OF MY DUTIES, AND I AM

**REGISTERED AGENT FILING FEE: \$35.00**