

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

200002823662--6

-03/30/99--01062--005

*****78.75 *****78.75

OFFICE USE ONLY

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

1. OPTI-SERVICE C.A., CORPORATION
(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

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

Examiner's Initials

ARTICLES OF INCORPORATION

of
OPTI-SERVICE C. A., CORPORATION

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

OPTI-SERVICE C.A., CORPORATION

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares (-100-) of -one- Dollar(s) (\$ 1.00=====) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	HUMBERTO E. DOMINGUEZ		
ADDRESS	6140 S.W. 129 Place # 2007		
CITY	MIAMI	STATE FLORIDA	ZIP 33183

The principal office, if known, or the mailing address of the corporation is:

NAME	OPTI-SERVICE C.A., CORPORATION		
ADDRESS	6140 S.W. 129 Place # 2007		
CITY	MIAMI	STATE FLORIDA	ZIP 33183

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ---three--- (---3---) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	HUMBERTO E. DOMINGUEZ		
ADDRESS	6140 S.W. 129 Place # 2007		
CITY	MIAMI	STATE FLORIDA	ZIP 33183
NAME	ALBERTO DOMINGUEZ		
ADDRESS	6140 S.W. 129 Place # 2007		
CITY	MIAMI	STATE FLORIDA	ZIP 33183
NAME	ANA D. DOMINGUEZ		
ADDRESS	6140 S.W. 129 Place # 2007		
CITY	MIAMI	STATE FLORIDA	ZIP 33183

99 MAR 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

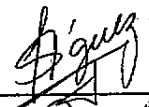
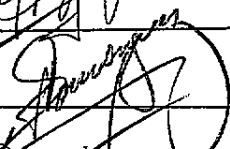
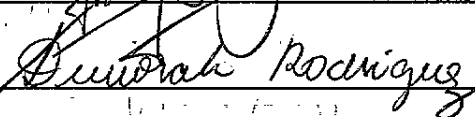
FILED

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Humberto E. Dominguez		
ADDRESS	6140 S.W. 129 PL #2007		
CITY	Miami	STATE	FL ZIP 33183
NAME	Alberto I. Dominguez		
ADDRESS	6140 S.W. 129 PL #2007		
CITY	Miami	STATE	FL ZIP 33183
NAME	Ana D. Rodriguez		
ADDRESS	6140 S.W. 129 PL #2007		
CITY	Miami	STATE	FL ZIP 33183

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 26th day of March, 19 99.

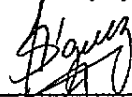

 _____ (Seal)

 _____ (Seal)

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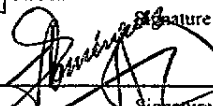
STATE OF FLORIDA

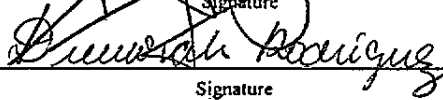
)
SS

COUNTY OF DADE

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:







 Signature

 Form of Identification

 Form of Identification

 Form of Identification

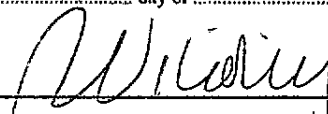
known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these articles of Incorporation, that I relied upon the form _____ of identification of the above named person S as indicated opposite each name, and that an oath was not taken.

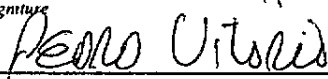
NOTARY RUBBER STAMP SEAL



PEDRO VILORIO
My Commission CC524392
Expires Jan. 14, 2000

Witness my hand and official seal in the County and State last aforesaid this
26th day of March, 19 99.



 Notary Signature


 Printed Notary Signature

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: OPTI-SERVICE C.A., CORPORATION

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

HUMBERTO E. DOMINGUEZ
(NAME)

6140 S.W. 129 Place # 2007
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33183
(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 POSITIONS AS REGISTERED AGENT.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

SIGNATURE


HUMBERTO E. DOMINGUEZ

DATE March 24-1999

REGISTERED AGENT FILING