

Division of Corporations

P 9 9 0 0 0 0 4 3 3 8 4

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.

(((H99000011372 2)))

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 : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 385-1120
Fax Number : (305) 559-7477

99 MAY 12 AM 7:31
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CONELEC. INC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

MAY 13 1999

19000011372 2

FILED
99 MAY 12 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

CONELSA. INC

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:

CONELSA. INC

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 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:

CLARA BERRIZ
4080 SW 84 AV.
MIAMI FL 33155
305 385-1120

H99000011372 2

H99000011372 Z

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate name: **CONELSA. INC**

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:

**IVAN ALBERTO SANDOVAL
170 BONAVENTURE BLVD SUITE #205
WESTON , FL 33326**

The principal office shall be:

**170 BONAVENTURE BLVD SUITE #205
WESTON, FL 33326**

H99000011372 Z

H99000011372 Z.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE (01)** person, and the name and address of the person who is to serve as an initial director is:

IVAN ALBERTO SANDOVAL
170 BONAVENTURE BLVD SUITE #205
WESTON, FL 33326

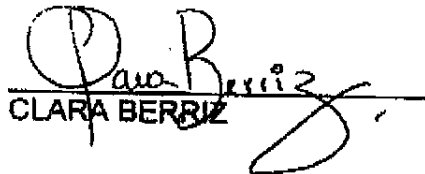


PRESIDENT

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

CLARA BERRIZ
4080 SW 84 AVE SUITE C
MIAMI, FL 33155

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 12 day of MAY , 1999


CLARA BERRIZ

H 99000011372 Z.

H 99000011372 2

**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:

CONELSA INC

2. The Name and Address of the registered agent and office is

**IVAN ALBERTO SANDOVAL
170 BONAVENTURE BLVD SUITE #205
WESTON, FL 33326**

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. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: MAY 12, 1999

H99000011372 2

99 MAY 12 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED