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.

(((H99000017763 6)))

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

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)541-3694

Phone Fax Number

: (305)541-3770

FLORIDA PROFIT CORPORATION OR P.

POSADA-ORTIZ ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

1 of 2

P. 01/04

202 24T 3570

7/20/99 11:01 AM



H99000017763

ARTICLES OF INCORPORATION

OF

POSADA-ORTIZ ENTERPRISES, INC.

9 JUL 20 PH 1:36 ECRETARY OF STATE LLAHASSEE, PLORIDA

These Articles are in compliance with Chapter 607, F

Article I

The name of this corporation shall be:

POSADA-ORTIZ ENTERPRISES, INC.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 16300 NE 19 AVE., SUITE 100 NORTH MIAMI BEACH, FL 33162

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is 1,000 shares, having an individual par value of \$1.00

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 VI

The name and street address of the initial Registered Agent of this corporation shall be: FERNANDO SILVA
16300 NE 19 AVE., SUITE 100
NORTH MIAMI BEACH, FL 33162

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY, 1492 WEST FLAGLER STREET, #200, MIAMI, FL 33135, (305) 541-3694

1990001776 2015 - 1993 17: 74 00 EWEIGE CORF

H99000017763

Article VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

JORGE POSADA PRESIDENT 1970 NE 172 STREET #4 NORTH MIAMI BEACH, FL 33162

SANDRA ORTIZ SEC./TREAS.

1970 NE 172 STREET #4 NORTH MIAMI BEACH, FL 33162

Article VIII

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

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this <u>20th</u> day of <u>JULY</u>, 1999.

Incorporator

Ray Stormont, President Signing for

Empire Corporate Kit of America, Inc.

H99000017763

H99000017763

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

ice/registered agent, in the state of Florida.
First that POSADA- ORTIZ ENTERPRISES, INC.
siring to organize under the laws of the State of FLORIDA (Florida)
th its principal office, as indicated in the articles of incorporation has
med FERMINDO SILVA
(Name of Registered Adent)
cated at 16300 NE 19 Avenue Suite 100
ty of Noun Himi Rev County of DADE State of Florida, as it
ent to accept service of process within this state.
AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT
EDVICE OF PROCESS FOR THE ABOVE STATED CORPORATION A
UP DI ACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT

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

Registered Agent

11990000177

1NF-50-1888 11:12