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OFFICE USE ONLY (Document #)

LAZARUS 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. PALMA ENTERPRISES CORPORATION
(Corporation Name) (Document #)
2. Transit
(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

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-11/01/99-01066-020
*****78.75 *****78.75

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 1, 1999

LAZARUS

MIAMI, FL

SUBJECT: PALMA ENTERPRISES CORPORATION
Ref. Number: W99000025108

We have received your document for PALMA ENTERPRISES CORPORATION. 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: 899A00052263

RECEIVED
99 NOV -3 AM 11:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Incorporation
LATIN PALMS CORPORATION

FILED
99 NOV -3 PM 4:35
CLERK OF STATE
TALLAHASSEE FLORIDA

BY THESE ARTICLES OF INCORPORATION the incorporator forms a corporation for profit under Florida law.

1. NAME. The name of this corporation is LATIN PALMS CORPORATION

2. TERM. This corporation shall exist perpetually.

3. PURPOSE. The purpose of this corporation is to transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

4. CAPITAL STOCK. This corporation is authorized to issue 100 Shares of common stock of a par value of \$1.00 a share.

5. REGISTERED AGENT. The initial registered agent for this corporation is Osvaldo Ortega and the initial registered office is located at 14289 SW 8 Terrace, Miami, FL 33184.

6. DIRECTORS. This corporation shall have one (1) directors initially. The number shall be fixed by the bylaws and may be changed from time to time.

7. PRINCIPAL AND MAILING ADDRESS. The Principal and Mailing address of the Corporation is: 9760 SW 8 Street, Miami, FL 33174.

8. INITIAL DIRECTORS. The name and street address of each member of the first Board of Directors is:

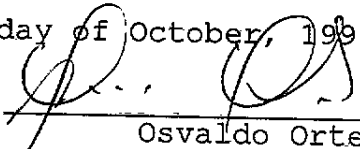
Osvaldo Ortega
14289 SW 8 Terrace, Miami, FL 33184

he shall hold office until the first annual meeting of stockholders.

9. INCORPORATOR. The name and street address of the incorporator is

Osvaldo Ortega
14289 SW 8 Terrace, Miami, FL 33184

Dated on the 27th day of October, 1999.

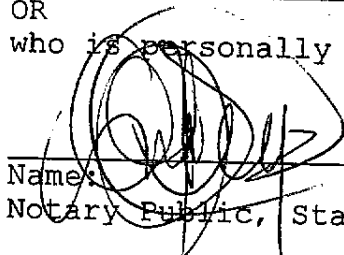

Osvaldo Ortega

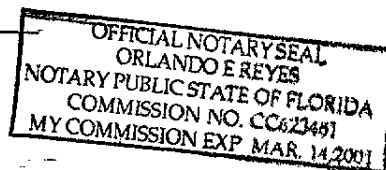
STATE OF FLORIDA
COUNTY OF DADE

The foregoing was acknowledged before me this 27th day of October, 1999 by Osvaldo Ortega who presented sufficient proof of identification

OR

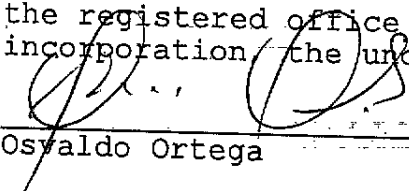
who is personally known to me X.


Name: _____
Notary Public, State of Florida



My Commission Expires:

CONSENT OF REGISTERED AGENT
HAVING BEEN NAMED as a registered agent for this corporation at the registered office designated in the foregoing articles of incorporation the undersigned accepts the designation.


Osvaldo Ortega

FILED
99 NOV -3 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA