

**P99000107200**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**COMERCEN, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATIONOFCOMERCEN, CORP.ARTICLE I - NAME

The name of the corporation is **COMERCEN, CORP.**

ARTICLE II - DURATION

This corporation is to exist perpetually.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 100 shares of One Dollar (\$1.00) par value common stock.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE

The street address of the initial registered office of this corporation is:

**304 PALERMO AVENUE  
CORAL GABLES, FL 33134**

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**H99000031590****ARTICLE VII - INITIAL REGISTERED AGENT**

The name and address of the initial registered agent for this corporation is:

**GIORGIO LUIGI CAPUTO  
304 PALERMO AVENUE  
CORAL GABLES, FL 33134**

**ARTICLE VIII - INITIAL PRINCIPAL OFFICE AND MAILING ADDRESS**

The initial principal office and mailing address of this Corporation is:

**304 PALERMO AVENUE  
CORAL GABLES, FL 33134**

**ARTICLE IX - INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time, in accordance with the by-laws of the corporation, but shall never be less than one (1). The name and address of the initial director of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
<b>GIORGIO LUIGI CAPUTO</b>	<b>304 PALERMO AVENUE CORAL GABLES, FL 33134</b>	<b>PRESIDENT</b>

**ARTICLE X - INCORPORATOR**

The name and address of the person signing these Articles of Incorporation is:

**GIORGIO LUIGI CAPUTO  
304 PALERMO AVENUE  
CORAL GABLES, FL 33134**

**ARTICLE XI - BY-LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

**ARTICLE XII - INDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

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**ARTICLE XIII - AMENDMENTS**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereof, and any right conferred upon the shareholders is subject to this reservation.

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IN WITNESS WHEREOF, the undersigned subscriber has executed these

Articles of Incorporation on this \_\_\_ day of \_\_\_\_\_,

19\_\_.

*George Caputo*  
INCORPORATOR

STATE OF FLORIDA

COUNTY OF DADE

THE FOREGOING ARTICLES OF INCORPORATION were sworn to and acknowledged before

me on this \_\_\_ day of \_\_\_\_\_, 19\_\_.

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of Florida

Personally known to me  
(or I.D. shown).

My commission expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

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In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said

Act: **COMERCEN, CORP.**, desiring to organize under the laws of the state of

Florida, with its principal offices as indicated in the Articles of Incorporation has named

**GIORGIO LUIGI CAPUTO at 304 PALERMO AVENUE, CORAL GABLES, FL 33134**

as its agent to accept service of process within the State.

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above-named corporation, at the place designated in this Certificate, I hereby accept to act in that capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

  
REGISTERED AGENT

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TALLAHASSEE, FLORIDA

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