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LOCAL REPRESENTATIVE TALLAHASSEE

600003083076--8

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. LIGHTNING BOLT ENTERPRISES, INC.  
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

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☐ Certificate of Status

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 DEC 29 PM 12:48

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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 checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 DEC 29 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

Examiner's Initials

LAW OFFICES  
**G. FRANK QUESADA**

SUITE 200  
1313 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134

TELEPHONE  
(305) 446-2517

FACSIMILE  
(305) 446-7521

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32301

RE: Incorporation of Lightning Bolt Enterprises, Inc.

Gentlemen:


Enclosed please find and original and one copy of the Articles of Incorporation of the above captioned corporation.

Also enclosed is our check in the amount of \$78.75 for filing fees.

Please certify the enclosed copy of the Charter and return to this office.

Thank you for your usual prompt and courteous attention.

Very truly yours,

  
G. Frank Quesada

Enclosure

ARTICLES OF INCORPORATION  
OF  
LIGHTNING BOLT ENTERPRISES, INC.

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be: LIGHTNING BOLT ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11555 SW 93<sup>RD</sup> Court  
Miami, Florida 33176

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

750 SHARES \$10 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Ruben Seoanes  
11555 SW 93<sup>RD</sup> Court  
Miami, Florida 33176

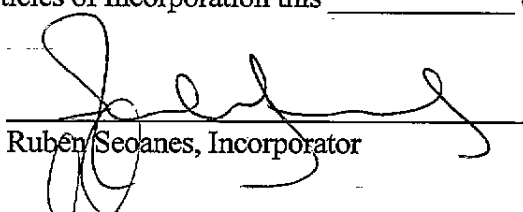
ARTICLE V INCORPORATOR(S)


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ruben Seoanes  
11555 SW 93<sup>RD</sup> Court  
Miami, Florida 33176

Silvia Seoanes-Levison  
11557 SW 64 Street – Suite B  
Miami, Florida 33173

The undersigned has(have) executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_ 1999.

  
Ruben Seoanes, Incorporator

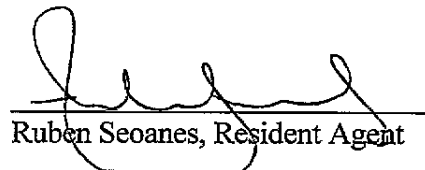
  
Siliya Seoanes-Levison, Incorporator

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

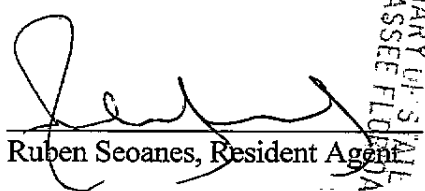
1. The name of the corporation is: LIGHTNING BOLT ENTERPRISES, INC.
2. The name and address of the registered agent and office is:

Ruben Seoanes  
11555 SW 93<sup>RD</sup> Court  
Miami, Florida 33176

  
Ruben Seoanes, Resident Agent

Date: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325. FLORIDA STATUTES.

  
Ruben Seoanes, Resident Agent

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TALLAHASSEE FLORIDA

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