

*Handwritten:* 41369

EXPRESS CORPORATE FILING SERVICE INC  
 (Requestor's Name)  
 1000 PONCE DE LEON BLVD. STE:112  
 (Address)  
 CORAL GABLES, FLORIDA 33134  
 (City, State, Zip)  
 (305) 444-4994 (305) 444-4977  
 (Phone#) (FAX#)

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 -04/25/00--01041--011  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. Textrade Inc. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

- Walk in     Pick up time     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

FILED  
 00 APR 25 PM 12:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

RECEIVED  
 00 APR 25 AM 10:16  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials \_\_\_\_\_

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TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as Incorporator of a Corporation under the Florida General Corporation Act, adopts the following Article of Incorporation for such Corporation:

1. NAME: The name of the Corporation is TEXTRADE INC.
2. DURATION: The period of its duration is perpetual.
3. PURPOSE: The purpose is to engage in any activities of business permitted under the laws of the United States of America and the State of Florida.
4. CAPITAL STOCK: The corporation is authorized to issue 1000 shares at \$1.00 par value
5. INITIAL REGISTERED OFFICE AND AGENT: The name and address of the initial Registered Agent and Office are as follows:  
Registered Agent: YASIR BILLOO  
Office Address: 5190 N.W. 167TH ST. #221  
MIAMI FLORIDA 33014
6. INITIAL BOARD OF DIRECTORS: The initial Board of Directors shall be comprised of ONE Director(s) initially. The number of Directors may be either increased or decreased from time to time by an amendment of the Bylaws of the Corporation in the manner provided by law, but shall never be less than ONE (1). The name and address of the initial Director(s) of this Corporation is/are:

(1) YASIR BILLOO  
5190 N.W. 167TH ST. #221  
MIAMI FLORIDA 33014

ARTICLE OF INCORPORATION  
(continued)

7. INCORPORATOR: The name and address of the Incorporator signing these Article of Incorporation is:

YASIR BILLOO  
5190 N.W. 167TH ST. #221  
MIAMI FLORIDA 33014

8. DATE OF INCORPORATION: The formation of the Corporation shall be effective as of the date of execution and acknowledgment hereof or as soon as possible after the date of execution and acknowledgment hereof.

IN WITNESS WHEREOF, the undersigned incorporator has executed these ARTICLE OF INCORPORATION this 24 day of APRIL 2000

  
\_\_\_\_\_

CERTIFICATE DESIGNATING REGISTERED OFFICE FOR  
SERVICE OF PROCESS WITHIN THE STATE OF  
FLORIDA, AND NAMING THE REGISTERED AGENT  
UPON WHOM PROCESS MAY BE SERVED.

In compliance with section 48.091 and 607.034, Florida Statutes (1979), the following is submitted.

1. That TEXTRADE INC. desiring to qualify under the laws of the State of Florida, with its principal place of business at 5190 N.W. 167TH ST. #221 MIAMI FLORIDA 33014 has appointed YASIR BILLOO as its Registered Agent to accept service of process within the state of FLorida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above named Corporation at the place designated above, I DO HEREBY AGREE TO ACT in this capacity and agree to comply with the provisions of all the Statutes relative to the proper and complete performance of my duties.

Dated this 24 day of APRIL, 2006

  
\_\_\_\_\_  
REGISTERED AGENT

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