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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Re | equestor's Name) | |
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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

| OTTO TROW. | US Gessa, Corp. | |
|---------------------------|-------------------------------------------------------------------|----|
| SUBJECT: | (Proposed corporate name) | |
| Enclosed is incorporation | an original and one (1) copy of the articles and our check for \$ | of |
| FROM: | US Gessa, Corp. | |
| _ | Name (printed or type) | |
| | 4801 S University DR. Suite no. 263 | |
| | Address | |
| | Davie, Fl. 33328 | |
| _ | City, State & Zip Code | |
| | 954-434-1181 | |
| , | Telephone number | |

Note: Please provide the original and one copy of the Articles.



ARTICLES OF INCORPORATION

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 the corporation shall be:

US Gessa, Corp.

ARTICLE II PRINCIPAL OFFICE

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

4801 S University Dr. Suite no. 263 Davie, Fl. 33328

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Hector J Escobar 4801 S University Dr. #263 davie, Fl. 33328

ARTICLE V INCORPORATOR (S)

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

Hector J Escobar 4801 S University Dr. #263 Davie, Fl. 33328

President/Secretary

Bonnie Roldan 4801 S University Dr. #263 Davie, Fl. 33328

Vice-President

(s) has (have) executed these Articles of incorporation this 23 day of NOVEMBER20 DY

Bonnie Rodon
Signature
Downescosae

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE. REGISTERED AGENT, IN THE STATE OF FLORIDA.

| US Gessa, Corp. The name of corporation is | | |
|------------------------------------------------------------------------------|-----------|----------|
| The name of corporation is | - | |
| 4801 S University Dr. Suite 263 Davie, Fl. 33328 | | |
| Address of the corporation is | | |
| The name and address of the registered agent and office as: Hector J Escobar | 04 NOV 29 | <u> </u> |
| Name | | m |
| 4801 S University Dr. #263 | PH 以 UT | D |
| P O Box or Mail Drop Not acceptable) | | |
| Davie, Fl. 33328 | | |
| (City / State / Zip) | | |

Having been named as registered agent and to accept services of process for the above stated corporation at 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)

NOU. 23, 2004
(Date)

DIVISION OF CORPORATION, P O BOX 6327, TALLAHASSEE, FL. 23214