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6/13/97

FLORIDA DIVISION OF CORPORATIONS
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((H9700009732 3))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: WATTS SERVICES CONNECTION INC.

AUDIT NUMBER.....H9700009732

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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TALLAHASSEE, FLORIDA

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ARTICLE OF INCORPORATION

OF

WATTS SERVICES CONNECTION INC.

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

ARTICLE I NAME

The name of the corporation shall be:

WATTS SERVICES CONNECTION INC.

The principal place of business of this corporation shall be:

692 W. 29 ST STE #9
HIALEAH, FL. 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Saul Ramos
692 West 29th St. # 9
Hialeah, FL 33012
(305) 887-4185

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered officer/registered agent, in the State of Florida.

1. The name of the corporation is:

WATTS SERVICES CONNECTION INC.

2. The name and address of the registered agent and officer is:

SAUL RAMOS

(name)

692 W. 29 ST STE #9

(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA 33012

(CITY / STATE / ZIP CODE)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIRED 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

JUNE 12, 1997
DATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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