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MIAMI, FLORIDA (305)552-597 (City, State, Zip) (Phone #)				
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ARTICLES OF INCORPORATION

<u>OF</u>

SON Y SABOR, INC.

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:

SON Y SABOR, INC.

00 JAN 19 PH 2:38 SECRETARY OF STATL TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4170 N.W. 79 AVE -SUITE 1-C MIAMI, FL 33166

ARTICLE III CAPITAL STOCK

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

500 SHARES

ARTICLE IV INITIAL REGISTER AGENT AND ADDRESS

The name and address of the initial registered agent is:

ILIANA MCFARLANE 4154 N.W. 79 AVE APT 2-D MIAMI, FL 33166

ARTICLE V INCORPORATOR(S)

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

ILIANA MCFARLANE 4154 N.W. 79 AVE APT 2-D MIAMI, FL 33166

ALFREDO VERGARA 4170 N.W. 79 AVE APT 1-C MIAMI, FL 33166

PATRICIA CERON 4130 N.W. 79 AVE APT 2-D MIAMI, FL 33186 **PRESIDENT**

VICE-PRESIDENT

SECRETARY

The undersigned has(have) executed these Articles of incorporation this

18 day of Jamery 2000

Signature/Title ()

Signature/Title Luce Olerade

Signature/Title Secon

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 the registered office/registered agent, in the State of Florida.

. The name of the corporation is:
SON Y SABOR, INC.
2. The name and address of the registered agent and office is:
ILIANA MCFARLANE
(P.O. BOX NOT ACCEPTABLE)
4154 N.W. 79 AVE APT 2-D MIAMI, FL 33166
(CITY/STATE/ZIP)
SIGNATURE DIE COPPORATE NET DATE NO DE COPPORATE DATE DE COPPORATE DE
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.
SIGNATURE Métadane SSE PATE 11800 DATE 11800 DATE 23

REGISTERED AGENT FILING FEE: \$ 20.00