DA ARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT 1. DEDEX ASSOCIATE (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 200	NUMBER(S) (if known): S
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ARTICLES OF INCORPORATION

OF

DEDEX ASSOCIATES INC.

00 FEB - 7 PH 2: 3: SECRETARY OF STAT TALLAHASSEE FLORIS

THE UNDERSIGNED, has executed the following document as incorporatory of the above named corporation, a corporation organized under the laws of the State of Faorida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

DEDEX ASSOCIATES INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have power:

 To have perpetual succession by its corporate name:

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,000 shares, having an individual per value of \$1 (One Dollar)

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE. V

The street address of the initial principal office and the name of the initial Resident Agent of this corporation shall be:

The principal office shall be:

8205 S.W. 39TH STREET MIAMI, FL. 33155.

The initial resident Agent of this corporation shall be:

DANILO GONZALEZ 8205 S.W. 39TH STREET MIAMI, FL. 33155

ARTICLE VI

The initial board of Directors shall consist of a total of ONE (1) person, and the name and address of the persons who is to serve as an initial of

DANILO GONZALEZ 8205 S.W. 39TH STREET MIAMI, FL. 33155

The name and address of the incorporator executing these Articles of incorporations is:

DANILO GONZALEZ 8205 S.W. 39TH STREET MIAMI, FL. 33155. IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 2 Day of February of 2000.

SATE OF FLORIDA) COUNTY OF DADE) SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Danilo Gonzalez known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 2 day of February of 2000.

My Commission Expires:

MOTARY PUBLIC, STATE OF FLORIDA

OFFICIAL NOTARY SEAL
ERNESTO GUTTERREZ
COMMISSION NUMBER
C C 653558
MY COMMISSION EXPIRES
JUNE 21, 2001

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION IS:

DEDEX ASSOCIATES INC..

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

DANILO GONZALEZ

NAME

8205 S.W. 39TH STREET

MIAMI, FL. 33155.

(CITY/STATE/ZIP)

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

SIGNATURI

DATE