760000015'12C

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

500003116105—7 -01/31/00--01091--014 *****78.75 ******78.75

W-3216

JECT:	(Proposed cor	NOR - FACE porate name - must include suf	Tix)	
	2/14			
sed is an original a	and one(1) ∞py of the artic	cles of incorporation and a	check for :	 -
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate	₩\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	<u></u>
FROM:	STEVE VIXAN	NAR		
	Name (Prin	ted or typed)	·	TALL,
	1829 NW S	6 TRRR iress		T FEB O FEB CRETA CRETA
	Ado	iress	······	<u> </u>
	LauderHill	F.L 33313		4 AM 8 4 OF STATE
	City, Sta	ate & Zip		8. 46 TATE ORIDA
·	954-735	-34NU		A o
	Daytime Tele	phone number		
Alo	(954) 4	184-6066		w 1
ν ν	(305) lot	184-6066 13-1090		
.•				r 0000
-			A. Howell F	EB 1 5 2000

NOTE: Please provide the original and one copy of the articles.

Secretary of State

February 4, 2000

STEVE NIXAMAR **1829 N.W. 56TH TERRACE** LAUDERHILL, FL 33313

SUBJECT: NOR-FACE

Ref. Number: W0000003216

We have received your document for NOR-FACE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete Article(s) IV and V.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Angela Howell Document Specialist

Letter Number: 400A00005821

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:

NOR-FACE INC.

ARTICLE II PRINCIPAL OFFICE

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

STEUR VIXAMAR 1829 NW SGTH TERR

LAUder Hill FL 33313

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Steve Vixamar 1829 n.w. 56th Terr. Lauderhill, 7L 33313

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Steve Vixamar 1829 n.w. 56th Terr Lauderhill, 7L 33313

The undersigned	incorporator(s) has(hav	e) executed these Articles of	of Incorporation this	
TUE day of	NOU 16	<u>, 19 99</u>		
(An additional art	icle must be added if an	effective date is requested	.)	
	\mathcal{O}	•		seg
	t & Constant	Signature		
		Signature		
		Signature		

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

2000 FEB 14 AM 8 46

CERTIFICATE OF DESIGNATION OF SECRETARY OF STATE TALLAHASSEE. FLORIDA REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	NOR-FACE MC
2.	The name and address of the registered	agent and office is:
		VIXAMAK RODO SOS PORDESERS (NAME)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
	<u>Lauder</u> +	[1] FC 33313 (CITY/STATE/ZIP)

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

Scale (Signature) 2/00/00 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314