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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : ~~EMPIRE CORPORATE KIT COMPANY~~
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

SAGON COMPANY

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 25, 2000

EMPIRE

SUBJECT: SAGON COMPANY
REF: W00000005224

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE SIGNING DATE HAS FEBRUARY 26TH, TODAY IS ONLY THE 25TH.

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Beth Register
Corporate Specialist Supervisor

FAX Aud. #: H00000008547
Letter Number: 800A00010271

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ARTICLES OF INCORPORATION

OF

SAGON COMPANY

CORPORATE NAME AND PRINCIPAL PLACE OF BUSINESS

**Sagon Company
4366 Pine Ridge Ct.
Weston, Florida 33331-5027**

ARTICLE II

CORPORATE EXISTENCE

The existence of the corporation shall be perpetual. Corporate existence shall begin upon the filing of the Articles of Incorporation by the Florida Department of State.

ARTICLE III

NATURE OF CORPORATE BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

ARTICLE IV

CAPITAL STOCK

This Corporation is authorized to issue a maximum of five hundred (500) shares of stock. The shares authorized shall be common stock, having a par value of one dollar (\$1.00) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

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H00000008547**ARTICLE V****INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE**

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

**Claudio A. Gonzalez
4366 Pine Ridge Ct.
Weston, Florida 33331-5027**

ARTICLE VI**INITIAL BOARD OF DIRECTORS**

This Corporation shall have two directors initially. The number of directors may be either increased or decreased from time to time according to the by-laws, but shall never be less than one.

The name and address of the initial directors of this Corporation is:

NAME**ADDRESS****Claudio A. Gonzalez****4366 Pine Ridge Ct.
Weston, Florida 33331-5027****Fabrizio Saputelli****4366 Pine Ridge Ct.
Weston, Florida 33331-5027**

The members of this Board of Directors shall hold office until the first annual meeting of stockholders of the Corporation.

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ARTICLE VII

INCORPORATORS

The name and post office of the Incorporator executing these Articles of
Incorporation is as follows:

INCORPORATOR

Claudio A. Gonzalez

ADDRESS4366 Pine Ridge Ct.
Weston, Florida 33331-5027

The undersigned, being the original subscriber to these Articles of Incorporation,
for the purpose of forming a Corporation for profit and to do business both within and
without the State of Florida, do hereby make, subscribe, acknowledge and file these
Articles of Incorporation, hereby declaring and certifying that the facts herein stated are
true and, accordingly, has hereunto set his hand and seal this

25th day of FEBRUARY, 2000.



Claudio A. Gonzalez

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EMPIRE CORP

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STATE OF FLORIDA)

) SS

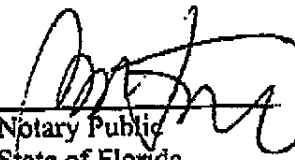
COUNTY OF DADE)

BEFORE ME, the undersigned authority, duly authorized in the State of Florida, County of DADE to take acknowledgments, personally appeared **Claudio A. Gonzalez**, the person described as Incorporator in the foregoing Articles of Incorporation, who is personally known to me or who presented the following identification:

VENEZUELA PASSPORT # A 226915

WITNESS my hand and seal at Miami, DADE County, Florida
this 25th day of FEBRUARY, 2000.





Notary Public
State of Florida

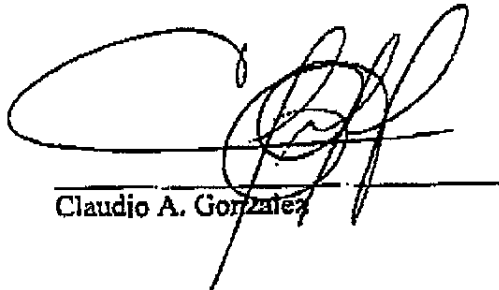
My Commission expires:

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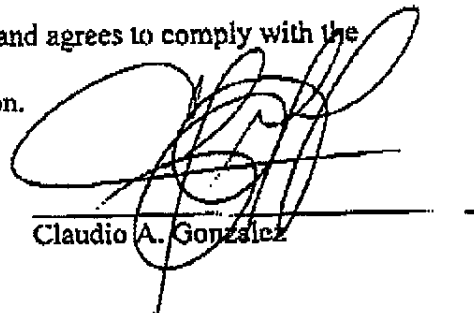
CERTIFICATE DESIGNATING REGISTERED
AGENT FOR SERVICE OF PROCESS

Pursuant to Chapter 48.091, Florida Statutes, the undersigned hereby designates
Claudio A. Gonzalez, as its Registered Agent to accept service of process within this
State.



Claudio A. Gonzalez

The undersigned hereby accepts the foregoing designation as Registered Agent
for service of process within the State of Florida, and agrees to comply with the
provisions of the law applicable to said designation.



Claudio A. Gonzalez

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