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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: BASG_INCORPORATED (Proposed corporate name - must include suffix)				
		S	3 0000314 3 -02/22/00 *****87.50	36337 -01093014 *****87.50
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Ben Akerstain Name (Printed or typed)				
9013 S.W. 102 place Address Miami, Florida 33176 City, State & Zip				
				·
(305) 794-1792 Daytime Telephone number				

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

PH 2/28/2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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TALLAHASSEE TI OFF

ARTICLE I NAME

The name of the corporation shall be:

BASG INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

9013 S.W. 102 Place Miami, FL 33176

ARTICLE III SHARES

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

1,000 Shares @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ben Akerstain 9013 S.W. 102 Place Miami, FL 33176

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Ben Akerstain 9013 S.W. 102 place Miami. FL 33176

Signature/Incorporator

February 16, 2000

Date

Ben Akerstain, Incorporator

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

2/16/2000

Date