

**Power of Attorney**

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 LAZARUS CORPORATE FILING SERVICE, INC.  
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 MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

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00 MAR 14 PM 12:56  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**FILED**

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. TURNBERRY NEW CONCEPTS, INC  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in  Pick up time 2.00  Certified Copy  
 Mail out  Will wait  Photocopy  Certificate of Status

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 -03/14/00-01078-007  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Handwritten signature/initials*

00 MAR 14 AM 10:51  
 RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Examiner's Initials

Date MARCH 13, 2000

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

Re TURNBERRY NEW CONCEPTS, INC., Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

\_\_\_\_\_  
(individual's name)

TURNBERRY NEW CONCEPTS, INC.  
\_\_\_\_\_  
(name of corporation)

MAILING ADDRESS OF CORPORATION

10295 COLLINS AVE #1008

BAL HARBOUR, FLORIDA 33154

PHONE

( 305 ) 864-3706  
Area Code Number Ext.

**ARTICLES OF INCORPORATION**

of

TURNBERRY NEW CONCEPTS, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

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TALLAHASSEE FLORIDA

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

TURNBERRY NEW CONCEPTS, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ 1.00 ) par. value Common Stock, which shall be designated "Common Shares".

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

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	ROBERTO LEGUIZAMON		
ADDRESS	10295 COLLINS AVE #1008		
CITY	BAL HARBOUR	STATE FLORIDA	ZIP 33154

The principal office, if known, or the mailing address of the corporation is:

NAME	TURNBERRY NEW CONCEPTS, INC.		
ADDRESS	10295 COLLINS AVE #1008		
CITY	BAL HARBOUR	STATE FLORIDA	ZIP 33154

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ROBERTO LEGUIZAMON	PRESIDENT
ADDRESS	10295 COLLINS AVE #1008	
CITY	BAL HARBOUR	STATE FLORIDA ZIP 33154
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

**Article VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	ROBERTO LEGUIZAMON		
ADDRESS	10295 COLLINS AVE #1008		
CITY	BAL HARBOUR	STATE	FLORIDA ZIP 33154
NAME			
ADDRESS			
CITY		STATE	
NAME			
ADDRESS			
CITY		STATE	

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 13 day of MARCH, ~~XX~~ 2000

\_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

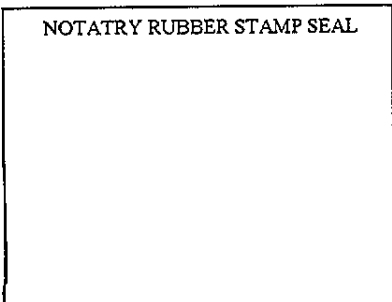
STATE OF FLORIDA )  
 COUNTY OF MIAMI-DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

ROBERTO LEGUIZAMON

_____ ) Signature	_____ ) PASSPORT 10.567.007 ARGENTINA Form of Identification
_____ ) Signature	_____ ) Form of Identification
_____ ) Signature	_____ ) Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HE executed these articles of Incorporation, that I relied upon the form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this  
13 day of MARCH ~~19~~ 2000

\_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 Primed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

***CERTIFICATE OF REGISTERED AGENT  
OF***

TURNBERRY NEW CONCEPTS, INC.

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation  
at 10295 COLLINS AVE #1008

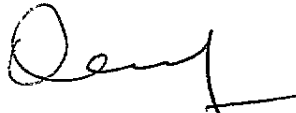
BAL HARBOUR, FLORIDA 33154

has named ROBERTO LEGUIZAMON

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

***ACKNOWLEDGEMENT***

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.



*(registered agent)*

**FILED**  
00 MAR 14 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA