

Room 29289

OFFICE ONLY

FLORIDA 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 NUMBER(S) (if known):

1. OLE' TV. COM. NET, 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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*****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 checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

00 MAR 22 AM 11:14

RECEIVED

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
OLE TV. COM.NET, INC.**

THE UNDERSIGNED FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, DOES HEREBY ADOPT AND DECLARE THE FOLLOWING.

ARTICLE I - NAME

THE NAME OF THIS CORPORATION IS: OLE TV. COM.NET, INC.

ARTICLE II - DURATION

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE III - PURPOSE

THE CORPORATION MAY ENGAGE IN ANY BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV - CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 15,000.000 SHARES OF NO PAR VALUE COMMON STOCK WHICH SHALL BE DESIGNATED COMMON SHARES.

ARTICLE V - INITIAL REGISTERED OFFICE & AGENT.

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS: JOSEPH ROSES 1800 S.W. 27th Ave. Suite #501 Miami, Florida 33145.

THE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IS:
1800 S.W. 27th Ave. Suite #501, Miami, Florida 33145.

ARTICLE VI - INITIAL BOARD OF DIRECTORS.

THIS CORPORATION SHALL HAVE (ONE) 1 DIRECTORS (S) INITIALLY, THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED FROM TIME TO TIME, IN ACCORDANCE WITH THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1) THE NAME AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THIS CORPORATION IS.

JOSEPH ROSES DIRECTOR

ISABEL NORNIELLA DIRECTOR
1800 S.W. 27th Ave. Suite #501, Miami, Florida 33145

ARTICLE VII - BY LAWS.

THE BY-LAWS OF THIS CORPORATION MAY BE ADOPTED, ALTERED AMENDED OR REPEALED BY EITHER THE STOCKHOLDERS OR THE BOARD OF DIRECTORS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII - AMENDMENTS.

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY OF THE PROVISIONS CONTAINED IN THESE ARTICLES OR INCORPORATION, IN ACCORDANCE WITH THE PROVISIONS OF THE FLORIDA GENERAL CORPORATIONS ACT.

ARTICLE IX - INCORPORATOR (S)

IN WITNESS WHEREOF, THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 21st DAY OF March OF THE YEAR 2000

THE NAME AND ADDRESSES OF THE PERSON (S) SIGNING THESE ARTICLES IS (ARE)

SIGNATURE: Joseph Roses NAME: JOSEPH ROSES

ADDRESS: 1800 S.W. 27th Ave.
Suite #501 Miami, Florida 33145

SIGNATURE: _____ NAME: _____

ADDRESS: _____

SIGNATURE: _____ NAME: _____

ADDRESS: _____

ACCEPTANCE BY REGISTERED AGENT.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION: AT THE PLACE DESIGNATED IN ARTICLE "V" OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN SUCH CAPACITY AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF ITS DUTIES.

ACCEPTANCE
SIGNATURE: Joseph Roses

NAME OF RESIDENT AGENT. JOSEPH ROSES

ADDRESS: 1800 S.W. 27th Ave. Suite #501 Miami, Florida 33145

THIS 21st DAY OF March OF THE YEAR 2000

FILED
00 MAR 22 AM 11:29
TALLAHASSEE FLORIDA
SECRETARY OF STATE