

OFFICE USE ONLY

**EXPRESS CORPORATE FILING SERVICE INC**  
(Requestor's Name)

**1000 PONCE DE LEON BLVD. STE:112**  
(Address)

**CORAL GABLES, FLORIDA 33134**  
(City, State, Zip)

**(305) 444-4994**  
(Phone#)

**(305) 444-4977**  
(FAX#)

OFFICE USE ONLY

FILED  
00 MAR 29 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. E-CELLUTIONS.COM, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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

RECEIVED  
00 MAR 29 PM 12:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

000003188080--0  
-03/29/00--01016--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**FOR**  
**E-CELLUTIONS.COM, INC.**

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00 MAR 29 PM 3:30  
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TALLAHASSEE FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be:

E-CELLUTIONS.COM, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

2209 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 500 @ \$1.00

**ARTICLE IV REGISTERED AGENT**

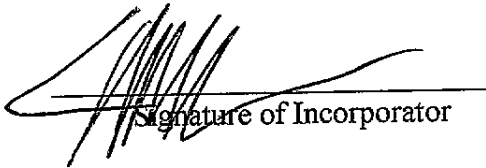
The name and Florida street address of the initial registered agent shall be:

RICHARD HIDALGO  
2209 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**ARTICLE V INCORPORATOR**

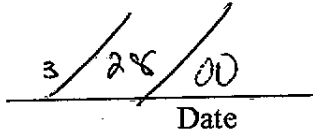
The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation are:

RICHARD HIDALGO  
CARLO F. RODRIGUEZ  
2209 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

  
Signature of Incorporator

  
Date

  
Signature of Incorporator

  
Date

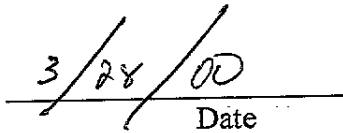
ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

CARLO F. RODRIGUEZ (P)  
RICHARD HIDALGO (VP)  
2209 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Having been named as registered and to accept service of process for the above started 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 of Registered Agent

  
Date

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