# OFFICE RUS CORPORATE FILING SERVICE, INC

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA

(305)552-5973

(City, State, Zip)

LOCAL REPRESENTATIVE TALLAHASSEE

600003186936—9 -03/28/00—01044—015 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

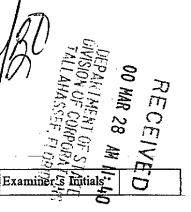
ORTORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):			
FREEWAY NEW CONC	EP/SI INC	<b>*</b>		
(Corporation Name)	(Document #)		<del>, , , , , ,</del> ,	
(Corporation Name)	(Document #)	≥s	<del></del>	
(Corporation Name)	(Document #)	LL AR	) HAR	
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(Corporation Name)	(Document #)	E 0	7	772
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	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

000	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

1 0 S	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other



Date MARCH 27, 2000

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

Re	FREEWAY NEW CONCEPTS, INC. , Inc.
	(name of corporation)
Gentlemen:	
Enclosed please find t	he original and one copy of Articles of Incorporation, together with m
This represents the co Fee for Registered Ag	est of the Filing Fees, Certified Copy of Articles of Incorporation and gent Designation for the above named corporation.
	Very truly yours,
	(individual's name)
	FREEWAY NEW CONCEPTS, INC.
	(name of corporation)
	, , , , , , , , , , , , , , , , , , ,
	MAILING ADDRESS OF CORPORATION
	10295 COLLINS AVE #1008
	BAL HARBOUR, FLORIDA 33154
	PHONE
	( 305 ) <u>864–3706</u> Area Code Phone Number Ext.

## <u>ARTICLES OF INCORPORATION</u>

of

FREEWAY NEW CONCEPTS, INC.

(name of corporation)

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

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

## FREEWAY 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 STOC	'K	
and to improve the second to improve	ETVE HINDE	ED shares	( 500	) of
Dollar(s) (\$ 1.00	par, value Comn	on Stock, which	shall be designat	ed "Common Shares".
Donards) (\$\frac{1}{2} \frac{1}{2} 1				•

## 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 LEGUIZAMO	-				.= .	
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	FREEWAY NEW CONCEPT	s, inc.			
ADDRESS	10295 COLLINS AVE	#1008			
CITY	MIAMI	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 that one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ROBERTO LEGUIZAMO	PRE	SIDENT_	·- <u></u>			
ADDRESS	10295 COLLINS AVE	#1008					<u> </u>
CITY	BAL HARBOUR	STATE	FLORIDA	ZIP	33154		
NAME						<u> </u>	
ADDRESS		-			Ł		
CITY		STATE		ZIP			
NAME							<u> </u>
ADDRESS							
CITY		STATE	<del></del>	ZIP	<u>_</u>		

## Article VII - INCORPORATORS

The names and addresses of the i	ncorporators signing	these Articles of	of Incorpo	oration are as f	ollows:	
IAME ROBERTO LEGUIZ	AMO					]
DDRESS 10295 COLLINS						]
CITY BAL HARBOUR	STATE	FLORIDA	ZIP	33154	-	
IAME					<u></u>	
ADDRESS			· · · · · ·			
CITY	STATE		ZIP			
IAME						]
ADDRESS					• <u>•</u>	-
CITY	STATE	-	ZIP			
N WITNESS WHEREOF, the undersig ay ofMARCH	ned subscriber (s) ha	ve executed thes	se Article	s of Incorporat		 ·
					(Seal)	-
	`				(Seal)	
·					_ (302.)	
					(Seal)	
<u></u>						
STATE OF FLORIDA	) SS					
COUNTY OF MIAMI-DADE			***			
before me, a Notary Public authorized	to take acknowledgn	nents in the Stat	e and Co	unty set forth a	ibove,	
	LEGUIZAMO					-
	<u>FI</u>	. ID CARD#L				
Signature			Form of Ide	ntification		
Signature			Form of Ide	ntification	<del></del>	
O.g.iai.u.						
Signature		F	orm of Idea	ntification		
mown to me and known to be the person(s) who exe	cuted the foregoing Article	s of Incorporation, w	ho acknowl	edged before	<b></b>	
ne that HE executed to a sindicated opposite the above named person as indicated opposite the above named person as indicated opposite the same and the same are the same as indicated opposite the same are the same	nese articles of Incorporation ite each name, and that an	oath was not taken.	nie totut —	Of IOCHILICATO		
NOTATRY RUBBER STAMP SEAL	Witness my hand	d and official seal in	the County	and State last afore	said this	
		day of				
		<del></del>				
	Notary Signiture		<u> </u>			
1	Primed Notary S	V			· · · · · · · · · · · · · · · · · · ·	,

# CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

FREEWAY 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 LEGUIZAMO	_ :

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)

OMMR 28 PM 1: 0

SECRETARY OF STATIONIO

FORM 215: CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT

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