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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 12 PM 4:05

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FLORIDA PROFIT CORPORATION OR P.A.

ROOM-D INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ROOM - D INC.

The principal place of business of this corporation shall be:

801 ALTON RD. Apt 5 MIAMI BEACH, FL 33139

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES \$1.00 PER VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

DELIO A. LEON 801 ALTON RD Apt 5. MIAMI BEACH, FL 33139

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 12 PM 4: 05

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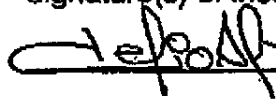
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

DELIO A. LEON. 801 ALTON RD Apt 5 MIAMI BEACH FL 33139

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19__.

Signature(s) of Incorporator(s)



STATE OF _____
COUNTY OF _____

THE FOREGOING Instrument was acknowledged and sworn to before me this _____ day of _____, 19__, by _____ (Name of Incorporator)
of _____ (Name of Corporation)

Notary Public

My Commission Expires: _____

(SEAL)

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: ROOM-D INC.

2. The name and address of the registered agent and office is:

DELIO A LEON

801 ALTON RD Apt 5

(P. O. BOX NOT ACCEPTABLE)

MIAMI BEACH, FL 33139

(CITY/STATE/ZIP)

SIGNATURE 

(Corporate Officer)

TITLE P/D

DATE 5-12-2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE 

(Registered Agent)

DATE 5-12-2000

00 MAY 12 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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