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Florida Department of State  
Division of Corporations  
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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

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**FLORIDA PROFIT CORPORATION OR P.A.**

**SADER & CO. INC.**

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Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION  
OF  
SADER & CO. INC.**

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATE ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I: NAME**

THE NAME OF THE CORPORATION SHALL BE:

SADER & CO. INC.

**ARTICLE II: NATURE OF THE BUSINESS**

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, AND ANY OTHER STATE COUNTRY, TERRITORY OR NATION. THE PRINCIPAL PLACE OF THE BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

SADER & CO. INC.  
255 ALHAMBRA CIRCLE #720  
CORAL GABLES, FL 33134

**ARTICLE III: CAPITAL STOCK**

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO ISSUE AND HAVE OUTSTANDING AT ANY ONE TIME IS: 1,000 SHARES OF THE COMMON STOCK, PAR VALUE \$1.00 PER SHARE.

**ARTICLE IV: TERM OF EXISTENCE**

THIS CORPORATION SHALL EXIST PERPETUALLY

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**ARTICLE V: OFFICERS AND DIRECTORS**

THE NAMES AND STREET ADDRESSES OF THE INITIAL OFFICER AND DIRECTOR, WHO SHALL HOLD OFFICE THE FIRST DAY OF THE CORPORATION EXISTENCE UNTIL THEIR SUCCESSORS ARE ELECTED ARE:

PRESIDENT: ALONSO SADER  
451 CRANDOM BLVD. #528  
KEY BISCAYNE, FL 33149

VICE-PRESIDENT: KEYNA SADER  
151 CRANDOM BLVD. #528  
KEY BISCAYNE, FL 33149

**ARTICLE VI: INCORPORATOR**

THE NAME AND STREET ADDRESSES OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION.

ALONSO SADER  
151 CRANDOM BLVD. #528  
KEY BISCAYNE, FL 33149

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS JUNE 13, 2000

SIGNATURE OF INCORPORATOR

  
ALONSO SADER

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OF THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

SADER & CO. INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

ARMANDO HERNANDEZ  
255 ALHAMBRA CIRCLE #720  
CORAL GABLES, FL 33134

SIGNATURE

ALONSO SADER

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE DESIGNATED PLACE IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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:

ARMANDO HERNANDEZ

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