DATE 2/28/2000

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

check in the amount of \$122.50.

Gentlemen:

300003311263--07/03/00-5⁰¹⁰⁸⁰⁻⁶ ___ , Inc. Enclosed please find the original and one copy of the Articles of Incorporation, together with my This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. Very truly yours. NICHOLAS FAVELLÍ
(Individual's Name) MAILING ADDRESS OF CORPORATION -20/2 SE 16 TH ST. - PHONE -(YSF) 941-1603 Number Area Code S. Thompson JUL 0 6 2000

ARTICLES OF INCORPORATION

of

I- TECHCON, INC.		
(name o	f corporation)	
The undersigned acting as the incorporators of a corporate following articles of incorporation for such corporation:	ation under the Florida Business (Corporation Act, adopt(s)
ARTICLE I - C The name of the corporation is:	CORPORATE NAME	De S
-		The state of the s
I-TECHCON, INC.		
	II - DURATION	
This corporation shall exist perpetually unless dissolved	l according to Florida law.	
ARTICLE	III - PURPOSE	,
The corporation is organized for the purpose of engaging United States and the State of Florida.	ng in any activities or business pe	rmitted under the laws of the
	- CAPITAL STOCK	
The corporation is authorized to issueSOOshar	es of common stock, par value \$	
The street address of the initial principal office and, if	TAL PRINCIPAL OFFICE different, the mailing address is:	
STREET ADDRESS		· storage
2012 SE 16 TH STREET CITY POMBAND BEACH, FLA.		
CITY POMBAND BEACH, FCA.	FLORIDA	ZIP 33062
Mailing address, if different		
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·
		- /4
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL RE	GISTERED OFFICE AND AG	ENT
The street address of the initial registered office a	nd the name of the initial regis	tered agent at the office is:
NAME NICHOLAS FAVELLE		
ADDRESS 2012 SE 16 TH STRE		
CITY POMPANO BEACH	FLORIDA	ZIP 33062
10/1/-MIV SZACA		

ARTICLE VII - INIT	TIAL BOARD OF DIRE	CTORS	
This corporation shall have	y-Laws, but shall never be	tially. The number of direction less than one (1). The na	ectors may be ames and
NAME NICHOLAS FANELLI			
ADDRESS 20/2 SE 16 TH STA	PÉET	. <u>.</u>	
CITY FORPASS BEACH	STATE FLO	CIDA ZIP	33062
NAME NICHOLAS FANELLI	JR.		
ADDRESS 20/2 SE 16 TH STA			
CITY POMPANO BEACH			33062
NAME			
ADDRESS		•	
CITY	STATE	ZIP	
The names and addresses of the incorporators signing the NAME NAME NAME NAME		- " "	
ADDRESS 20/2 SE 16 TH STA			-
CITY PORPANO BEACH		ONIBA ZIP	33062
NAME NICHOLAS FANELLI			
ADDRESS 20/2 SE 16 TH STA	-	101	<u>-</u> .
CITY POMPANO BEACH	•	eroa ZIP 3	13062
NAME			
ADDRESS		<u>-</u>	
CITY	STATE	ZIP	•
The undersigned incorporator(s) have executed thes day of	e Articles of Incorporat	ion this28	
	4 1/	full (Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

I - TECHCON, INC.	00 JUL 3
(name of corporation)	
·	.32

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at _	2012	5٤	16	TH.	STA	EET	
	POMPA	ر م	BEAC.	4, 1	CLA.	33062	
has	named	VICHO	LAS	FA	NEU		···

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated 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) 2 5vic 28, (Date)