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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

FILED
00 JUL 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

DESIGNABRIDE.COM INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DESIGNABRIDE.COM INC.

ARTICLE II PRINCIPAL RESIDENCE

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

**5820 SW 149 AVE
MIAMI, FL 33193**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES AT ONE DOLLAR PER VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**SARESKA ALONSO
5820 SW 149 AVE
MIAMI, FL 33193**

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ARTICLE V INCORPORATOR(S)

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

SARESKA ALONSO/DIRECTOR
5820 SW 149 AVE
MIAMI, FL 33193

ARIADNA VIDAL/D
3011 BLAKELY DR
ORLANDO, FL 32835

CARLOS BALLESTER/D
63-9 LONGTREE LN
MORICHES, NY 11955

ARTICLE VI DIRECTOR(S)

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

DIRECTOR
SARESKA ALONSO
5820 SW 149 AVE
MIAMI, FL 33193

DIRECTOR
ARIADNA VIDAL
3011 BLAKELY DR
ORLANDO FL 32835

DIRECTOR
CARLOS BALLESTER
63-9 LONGTREE LN
MORICHES NY 11955

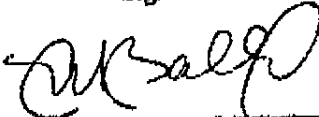
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 05TH day of JULY, 2000.



Signature



Signature



Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

DESIGNABRIDE.COM INC.

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

SARESKA ALONSO
(Name)

5820 SW 149 AVE

(P.O. Box not acceptable)

MIAMI, FL 33193

(City/State/Zip)

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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 S. Alonso

DATE 1-5-00