CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Signature Requested by:			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record 11 335844 INT	00 JUL 18 AM 10: 25			
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ARTICLES OF INCORPORATION

The 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:

ROMASA, INC.

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ARTICLE II PRINCIPAL OFFICE

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

1000 COVE CAY DR., #2A CLEARWATER, FLORIDA 33760

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR ROSARIO 1000 COVE CAY DR., #2A CLEARWATER, FLORIDA 33760

ARTICLE V INCORPORATOR(S)

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

VICTOR ROSARIO 1000 COVE CAY DR., #2A CLEARWATER, FLORIDA 33760

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6th day of 100.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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	n a m e ROMASA	o f A, INC.	t h e	corpora	tion	is	:
2. T	The name and add	ress of the regist	ered agent	t and office is:		TALLA	If 00	
VICTOR ROSARIO								
(Name)								
				10: W.W	ED			
		e)	ORIDA	N				
		CLEARW	ATER, F	LORIDA 337	760	DA DE	ហា	
			(City, S	State, Zip)				

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) — 7/6/00 (Date)