Division of Corporations



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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

PATOU, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE ONVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

These Articles are in compliance with Chapter 607, F.S.

ARTICLE !

The name of this corporation shall be:

PATOU, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business and mailing address of this corporation 3191 S.W. 22 NO STIEET #631 Miaui, Flarticle 15 shall be:

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are shares having an individual par value of \$ / 50

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Pedro H. Gallinar, C.P.A. 6701 Sunset Dive Miami, FL 33143

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The name and street address of the initial Registered Agent of this corporation shall be: PEORO M. Ga//iNAR

6701 SUNSET DrIVE, STE. 100 Minui, A. 33143 ARTICLEVII

The initial board of Directors shall consist of a total of I person(s) and the name and address of the person(s) who are to serve as an initial director(s) is(are):

PATRICIA DESOLMENUX

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

| PEDRO M. GALLINAR.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING HERN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 PERPORHANCE OF MY DUTIES, AND I AN FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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