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EXPRESS CORPORATE FILING SERVICE, INC.

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3940 W. FLAGLER ST. 2nd FLOOR

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MIAMI, FL 33134

(305) 444-4994

(City, State, Zip)

(Phone #)

600003402286--7

-09/25/00--01029--029

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Poplife, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
00 SEP 25 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
00 SEP 25 AM 10:14  
DIVISION OF CORPORATION

Examiner's Initials

## 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:

*POPLIFE, INC.*

### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

*110 MENDOZA AVE. SUITE #6  
CORAL GABLES, FL. 33134*

### ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

*500 SHARES OF COMMON STOCK; \$1.00 PAR VALUE*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

*ARAMIS LORIE  
110 MENDOZA AVE. SUITE #6  
CORAL GABLES, FL. 33134*

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

*ARAMIS LORIE  
110 MENDOZA AVENUE, SUITE #6  
CORAL GABLES, FL. 33134*

ARTICLE VI DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

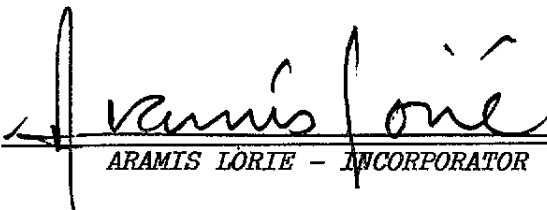
*ARAMIS LORIE - PRESIDENT                      110 MENDOZA AVENUE, SUITE #6  
CORAL GABLES, FL. 33134*

*RAYMOND MILIAN - VICE PRESIDENT            1451 N.W. 31ST AVENUE  
MIAMI, FLORIDA 33125*

*BARBARA BASTI - SEC/TREASURER            110 MENDOZA AVENUE, SUITE #6  
CORAL GABLES, FL. 33134*

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of SEPTEMBER, 19 2000.

SIGNATURE   
*ARAMIS LORIE - INCORPORATOR*

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 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 name of the corporation is: POPLIFE, INC.

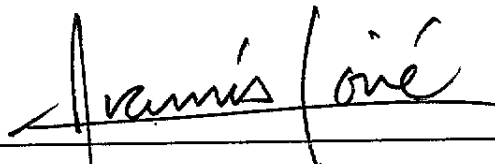
2. The name and address of the registered agent and office is:

NAME ARAMIS LORIE

ADDRESS: 110 MENDOZA AVENUE, SUITE #6  
(P.O. Box not acceptable)  
CORAL GABLES, FLORIDA 33134  
(City/State/Zip Code)

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



DATE

SEPTEMBER 20, 2000

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00 SEP 25 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA