

TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:

ed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for :	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	SOFE LUIS Name (Pr	CARRERA. [I	000003410 -09/29/000 *****87.50	1360- 1101-01 *****87
	8931 SW 1		1 3-27	- -
	PIAMI - F2 City, 5 954-967-	State & Zip		

NOTE: Please provide the original and one copy of the articles.

W-2397/

Daytime Telephone number



Secretary of State

October 3, 2000

JOSE LUIS CARRERA 8931 SW 142 AVE, APT 3-27 MIAMI, FL 33186

SUBJECT: NESISM INC. Ref. Number: W00000023971

We have received your document for NESISM INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Letter Number: 900A00052366

Pamela Hall Document Specialist

Division of Corporations - P.O. BOX 5327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION OF

FILED 00 OCT 13 AM 11: 20 SLUKETARY OF STATE TALLAHASSEE, FLORIDA

NESISM INC.

The undersigned incorparator(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:

NESISM INC.

ARTICLE II PRINCIPAL OFFICE

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

8931 SW 142 AV APT 3-27 MIAMI-FL 33186

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,PAR VALUE \$ 1.00 (EACH)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE LUIS CARRERA 8931 SW 142 AV APT 3-27 MIAMI,FL 33186

ARTICLE V INCORPORATOR(S)

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

(PRESIDENT)

JOSE LUIS CARRERA......8931 SW 142 AV . APT 3-27 MIAMI-FL 33186

MAUREEN CARRERA......8931 SW 142 AV. APT 3-27 (SECRETARY-TREASURER)

MIAMI-FL 33186

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

24 day of SEPTEMBER 2000

Signature President Just Juis ancre

Signature Secretary-Treasurer MULLLIN COLLLY

JAIME A. MOLLETURO COMMISSION # CC 695933 EXPIRES MOV 12, 2001

80NDED THRU

ATLANTIC/BONDING CO., INC.

Notarized by JAIME MOLLETURO on this day 09/24/2000 the foregoing instrument was acknowledged and sworn before me this day by Jose Luis Carrera (name of incorporate) of NESISM INC (name of incorporation.)

FILED

DEPARTMENT OF STATE DIVITION OF CORPORATION P.O. BOX 6327 TALLAHASSE,FL 32314

00 OCT 13 AM 11:21

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

October 5, 2000

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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: **NESISM INC.**2-THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JOSE LUIS CARRERA 8931 SW 142 AV. APT 3-27 MIAMI-FLORIDA 33186

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 FUTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFOMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE/REGISTERED

AGENT

DATE