DATE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE DIVISION OF CORPORATIONS

OO NOV 13 PM 12: 13

Re: VASKI PRODUCTS, Inc.

200003461642---3 -11/13/00--01111--017 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

VASKI PRODUCTS CO.

MAILING ADDRESS OF CORPORATION —

1430 BRICKELL BAY Dr. SUTE PHILL

MIAMI, FL. 33/3/

PHONE

(305) 377-2304

Area Code Number Ext.

## ARTICLES OF INCORPORATION

of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## VASKI PRODUCTS COMPANY

(name of corporation)

00 NOV 13 PM 12: 13

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME	
The name of the corporation is:	
VASKI PRODUCTS COMPANY	
ARTICLE II - DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business penited States and the State of Florida.	rmitted under the laws of the
ARTICLE IV - CAPITAL STOCK	
The corporation is authorized to issue 500 shares of common stock, par value \$	1 00
shares of common stock, par value 5	1.00 per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:  STREET ADDRESS	
1430 Brickell Bay Dr. Suite PH-4	
CITY Miami FLORIDA	ZIP 33131
Mailing address, if different STREET ADDRESS	
	t off the
CITY FLORIDA	ZIP
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGE	ENT
The street address of the initial registered office and the name of the initial registered	• •
NAME Oscar Vasquez	order at the office is.
ADDRESS 1430 Brickell Bay Dr. suite PH-4	

र Эर्म्स च्या	ÄRTICLE	E VII - INITIAL B					
ither increas	poration shall haveed or diminished from time to tin he initial director(s) of the corporation.	ne by the By-Laws	s, but shall r	ctors initially. The server be less the	The number of on the number of one (1). The	directors m names and	ay be i
					· · · · · · · · · · · · · · · · · · ·		.±
NAME	Oscar Vasquez			<u> </u>	<u></u>		
ADDRESS	1430 Brickell Bay D	r. Suite PH	-4		<u> </u>		
CITY	Miami,		STATE	FL.	ZIP	33131	<u>.</u>
	PIECHT /		-				. ‡
NAME				e.!			

 -	STATE	

ARTICLE VIII - INCORPORATORS

STATE

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

The names and addresses of the month					
NAME Oscar Vasquez		<del></del> . <del>_</del>			
ADDRESS 1430 Brickell Bay Dr. St	ite PH-4				
COTEN COTEN	STATE	FL.		ZIP 33	3131
N Lanux		A			
NAME			*		
ADDRESS				ZIP	
CITY	STATE		<u></u>		
NAME			<del></del> -	<del></del>	
ADDRESS	.aux.		· 		··
	STATE		•	ZIP	
CITY					

The unc	ersigned incorporator(s) hav	re executed these Articles of Incorporation this 8th	
	November	, )2000	. 2.
			Signature) (Signature)
			(Signature)

ZIP

ZIP

ADDRESS

CITY

NAME

CITY

**ADDRESS** 

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

SECRETARY OF STATE OF

WACKT	PRODUCTS	COMPANY
VADAI	PRODUCTO.	COMEDIA

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1430 Brickell Bay Dr. Suite PH-4

Miami, FL. 33131

has named Oscar Vasquez

located at the aforesaid address, as its registered agent to accept service of process within this state.

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)

11-8-2000