

P00000116388

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000066200 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

~~CLAY CORPORATION~~

CLAF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SMITH DEC 21 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 21, 2000

FAS-T

SUBJECT: CLAY CORPORATION OR CLAF CORPORATION
REF: W00000029850

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE NAME ON THE COVER PAGE AND THE NAME ON THE ARTICLES MUST BE THE SAME.

If you have any further questions concerning your document, please call (850) 487-6927.

Tracy Smith
Document Specialist

FAX Aud. #: H00000066200
Letter Number: 600A00063981

ARTICLES OF INCORPORATION
OF

CLAF CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **CLAF CORPORATION**

The principal place of business of this corporation shall be:

**11415 S.W. 44th Street
Miami, FL 33165**

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

FILED
00 DEC 21 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III CAPITAL STOCK

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

1000 Shares
\$1.00 Par Value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

Angel Lopez
11415 S.W. 44th Street
Miami, FL 33165

Carolina Ferrero
11415 S.W. 44th Street
Miami, FL 33165

ARTICLE VI INCORPORATOR(S)

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

Angel Lopez
11415 S.W. 44th Street
Miami, FL 33165

Carolina Ferrero
11415 S.W. 44th Street
Miami, FL 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation this 20 day of
December, 2000.

Signature(s) of Incorporator(s)

Angel Lopez
Carolina Ferrero

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

CLAF CORPORATION

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

Carolina Ferrero

(P.O. BOX NOT ACCEPTABLE)

11415 S.W. 44th Street, Miami, FL 33165

(CITY/STATE/ZIP)

FILED
00 DEC 21 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE Carolina Ferrero

TITLE President

DATE 12/20/00

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Carolina Ferrero

DATE 12/20/00