POLOGOOI1392 TRANSMITTAL LETTER

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

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| Subject. The Incorporation WD Sans International, Inc. | | | | |
|--|-------------------------------------|------------------|-------|--|
| Enclosed is an original and One (1) copy of the articles of incorporation and | l a chec | k | | |
| \$70.00 Filing Fee \$78.75 Filing Fee & Certificate \$122.50 Filing Fee & Certified Copy \$131.25 Filing Fee, Certified Copy and | SECRETARY OF ST TALLAHASSEE, FLO | 01 JAN 29 AM 11: | FILED | |
| From: Samantha Wilson 6505 NW 50 Street Lauderhill FL 33319 954-288-7838 | TATE ORIDA | : 09 | . • | |

NOTE: Please provide the original and one copy of the

FILED

Articles of Incorporation Of

01 JAN 29 AM II: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

WD Sans International, Inc.

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

| Article 1 - Name |
|---|
| The name of the corporation shall WD Sans International, Inc. |
| |
| Article II - Principal Office |
| The principal place of business and mailing address of this corporation shall be: |
| Business Address: |
| Address: 6505 NW 50 Street |
| City: Lauderhill |
| State: FL Zip: 33319 |
| Mailing Address: |
| Address: 6505 NW 50 Street |
| City: Lauderhill |
| State: FL Zip: 33319 |
| Article III - Shares of Company Stock |
| The number of shares of stock that this corporation is authorized to issue is, |
| 1000 Shares, No Par Value. |
| Article IV - Initial Registered Agent and Street Address |
| The name and address of the initial registered agent is: |
| Name: Samantha Wilson |
| Address: 6505 NW 50 Street |
| City: Lauderhill |
| State: FL 7in: 33319 |

Article V - Incorporator(s)

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

| Name: Samant | ha Wilson | Name: Stephen D | iaz | |
|------------------------|-----------------------------------|------------------------------|-------------------|--|
| Address: 6505 N | W 50 Street | Address: 6505 NW | 50 Street | |
| City: Lauderhil | I | City: Lauderhill | | |
| State: FL | Zip: 33319 | | Zip: 33319 | |
| Name: | | Name: | | • |
| Address: | | Address: | | |
| | | | | |
| State: | Zip: | State: | Zip: | |
| The undersion | gned incorporator(s) has (have) e | | oration this | |
| | Signature | yan ama a aka a aka a yan ≇a | _21 144 | Miles and the second se |
| | Signature | | | æ. ·· |
| | Signature | | • | |
| | Signature | | | = |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PRESENT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF

| 1. The name of the corporation | WD Sans International, Inc. |
|--------------------------------|-----------------------------|
| 2. The name and address of the | e registered agent and |
| Name: Sama | antha Wilson |
| Address: 650 | 5 NW 50 Street |
| City: <u>Lauder</u> | hill |
| State: FL | Zip: 33319 |
| State.TL | Zip:33319 |

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 1/25/01

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Designation of Registered Agent Fee \$35.00

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SECRETARY OF STATE