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Florida Department of State

Division of Corporations

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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

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DIVISION OF CORPORATIONS
01 JAN 31 PM 2:54

FLORIDA PROFIT CORPORATION OR P.A.

CUTTING EDGE ILLUSIONS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

ARTICLES OF INCORPORATION
OF
CUTTING EDGE ILLUSIONS, INC.

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: CUTTING EDGE ILLUSIONS, INC.

The principal place of business of this corporation shall be:

5885 SW. 73TH. ST. 2ND. FLOOR, MIAMI, FL., 33143

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.

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:

100 all of which shall be common shares (\$1.00) per value each.

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):

PAULETTE LOPEZ

PRESIDENT

5885 SW. 73TH. ST. 2ND. FLOOR
MIAMI, FL., 33143

Prepared by:
CASTILLO & ASSOCIATES, INC.
542 SW. 12TH. AVE
MIAMI, FL., 33130
(305) 649-3403

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ARTICLE VI INCORPORATOR(S)

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

PAULETTE LOPEZ

5885 SW. 73TH. ST. 2ND. FLOOR
MIAMI, FL., 33143

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30TH day of JANUARY, 2001

Signature(s) of Incorporator(s)

* Paulette Lopez

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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:

CUTTING EDGE ILLUSIONS, INC.

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

PAULETTE LOPEZ - 5885 SW. 73TH. ST. 2ND. FLOOR
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL., 33143
(CITY/STATE/ZIP)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

SIGNATURE x *Paulette Lopez*

TITLE PRESIDENT

DATE JANUARY 30th., 2001

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 x *Paulette Lopez*

DATE JANUARY 30TH., 2001