

OFFICE USE ONLY (Document #)	Cl	しくく	206
AZARUS CORPORATE FIL (Requestor's Name) 3320 S.W. 87 AVENUE (Address) MIAMI, FLORIDA (305)552-59 (City, State, Zip) (Pho	973	OFFICE USE ONLY	OI MAR -2 PH 3: SECKETAKY OF STATALLAHASSEE, FLORE
CODDOD ATTOM MARKETON OF	FN4 N478 IN 8 878 1181 N 14 18 18		DE 3
CORPORATION NAME(S) & 1	•		
1. THE PROCES.	SING CEI	VIER IN	<u>C </u>
2.	•	100cdiffette w)	
(Corporation Name)		(Document #)	21.
3. (Corporation Name)		(Document #)	0037909961 03/01/010102 5013
4.		(Outsident #)	*****78.75 *****78.75
(Corporation Name)		(Document #)	
Walk in Pick up time	200	Certified Copy	
	-		•
Mail out Will wait	Photocopy	Certificate of St	atus 28 PP
NEW FILINGS	AMENDME	NTS	
Profit	Amendment		
NonProfit	Resignation of R.	A., Officer/Director	A SA
. Limited Liability	Change of Registe	red Agent	TOHS TOHS
Domestication	Dissolution/Withdra	awai	6,
Other	Merger		•
			(<u>(</u>
OTHER FILIGS	REGISTRATION	U.	Min
Annual Report	QUALIFICATION		Marie
Fictitious Name	Éoreign		Milar
Name Reservation	Limited Partnershi	p	1111
	Reinstatement	· <u></u>	100
3110	Trademark		V

Other

Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 1, 2001

LAZARUS

MIAMI, FL

SUBJECT: THE PROCESSING CENTER, INC.

Ref. Number: W01000004746

We have received your document for THE PROCESSING CENTER, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 401A000128@4

OLMAR -2 PM 2: 56

ARTICLES OF INCORPORATION

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.

The name of the corporation shall be:

ARTICLE I NAME

ARTICLE I NAME

ORDER

O

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

1315 N.E. 203 Street Miami, FT. 33179

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

500 Snako @ #1.0 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Driplys Perez 1315 N.E. 203 Street Miami, Fl. 33179

INCORPORATOR(S)

See instructions for officers/directors

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

Drialys Reree, tresident 1315 N.F. 203 Street Miami, FT. 3019 Fatima Puiz, Vice President 1319 N.E. 203 street Miami, FT. 3319.

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

28 day of February, 122001.

(An additional article must be added if an effective date is requested.)

tima Ruy - VICE-President

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

I. The name of the corporation is:	ELITE Processing, Inc	
2. The name and address of the reg	istered agent and office is:	
Dr	Colys Perez .	OI SE
_ 13.	ISNE 203 STOOT lox or Mail Drop Box NOT ACCEPTABLE)	MAR -2
<u>M</u>	(CITY/STATE/ZIP)	PM 3: 37 OF STATE E. FLORIDA

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) 2-28-01 (DATE)