Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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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

: (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

TEDER INCORPORATED

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

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TEDER INCORPORATED

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: TEDER INCORPORATED

The principal place of business of this corporation shall be: 6405 NW 36 Street Ste#105, Miami Fl 33166.

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 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):

Marcos De Leon 6405 NW 36 Street Ste#105 Miami Fl 33166.

(President)

ARTICLE VI INCORPORATOR(S)

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

MARCOS DE LEON 6405 NW 36 Street Ste#105 Miami Fl, 33166.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 7th day of March 2001

Signature(s) of Incomporator(s)

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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.

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		•	
2. The name and address of the registered agent and office is:			
5 NW 36 Stree	t Ste#105		
OT ACCEPTAB	LE)	•	
mi Fl, 33166.			
STATE/ZIP) SIGNATURE TITLE	Mor	OI MAR -T ANII: 07	
DATE	3-7-01		
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	5 NW 36 Street OT ACCEPTAB mi F1, 33166. STATE/ZIP) SIGNATURE DATE DATE EPT SERVICE AT THE PLACE TO ACT IN H THE PROVICE COMPLETE TES AND OB	the registered agent are 5 NW 36 Street Ste#105 DT ACCEPTABLE) mi F1, 33166. STATE/ZIP) SIGNATURE DATE DATE TITLE DATE THE PLACE DESIGNATED TO ACT IN THIS CAPACITY H THE PROVISIONS OF ALL COMPLETE PERFORMANCE TIES AND OBLIGATIONS OF SIGNATURE	