

OFFICE USE ONLY (Document #)

PO100023891

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OLIVIERI, INC.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

Walk in

Pick up time 2-00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 13 PM 1:0

FILED

900003850389--3
03/13/01-01053-013
*****78.75 *****78.75

RECEIVED
U.S. PATENT AND TRADEMARK OFFICE
2001 MAR 13 AM 10:44
SUBMITTED BY TALLAHASSEE
CORPORATE FILINGS
SUIT NOTIFICATION
RECEIVED
2001 MAR 13 AM 10:44
EXAMINER'S INITIALS

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**

Olivieri, Inc.

FILED

01 MAR 13 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

8250 N.W. 27th St. #303
Miami, Fl. 33122

ARTICLE III SHARES

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

500 @ \$1.00 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge Mario Olivieri

8250 N.W. 27th St #303
Miami, Fl. 33122

ARTICLE V 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):

Jorge Mario Oliveri, President

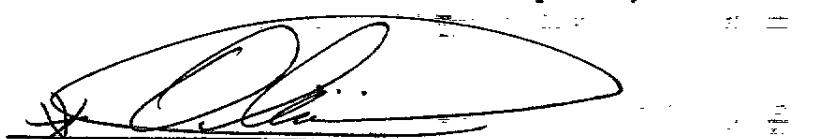
6516 S.W. 114th Avenue

Miami, FL 33173

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

8 day of March, 2001.

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



Signature

Signature

Signature

Notarization is not required

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

**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.

1. The name of the corporation is: Oliveri, Inc

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

Jorge Fabio Oliveri
(NAME)
8250 N.W. 27th St #303
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Miami, Fl. 33122
(CITY/STATE/ZIP)

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)

03/08/00
(DATE)

01 MAR 13
TALLAHASSEE
FLORIDA
FILED
RECEIVED
SECRETARY
STATE
FLORIDA

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