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Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)266-4080 Fax Number : (305)264-0232

FLORIDA PROFIT CORPORATION OR P.A.

SHARONE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be SHARONE, INC.

ARTICLE II PRINCIPAL OFFICE

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

21463 N.W. 2 AVE MIAMI, FL. 33169

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated *COMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE LUIS BARBOZA 21463 N.W. 2 AVE MIAMI, FL. 33169

Prepared by: JOSE LUIS BARBOZA 21463 N.W. 2 AVE MIAMI, FL. 33169 (305) 770-4366

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ARTICLE V INCORPORATOR(S)

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

JOSE LUIS BARBOZA 21463 N.W. 2 AVE MIAMI, FL. 33169 DIRECTOR & PRESIDENT

MARIA TERESA MOLINAS 21463 N.W. 2 AVE MIAMI, FL. 33169 **DIRECTOR & VICE-PRESIDENT**

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

2) day of Mayoh , 200].

Signature

Signature

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

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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: SHARONE, INC.
- 2. The name and address of the registered agent and office is:

JOSE LUIS BARBOZA 21463 N.W. 2 AVE MIAMI, FL. 33169 OI HAR 21 AM 8: 59
SECHETARY OF STATE
ASSOCIATION O

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)

3/21/01

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