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01 APR 30 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

400004092314--2

-04/30/01--01117--016

****122.50 ****78.75

ACAD / DESIGN, CORP.

SUBJECT: _____
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of
incorporation and our check for \$_____

ACAD / DESIGN, CORP.

FROM: _____
Name (printed or typed)

6661 SW 18TH STREET., APT 107

Address

PEMBROKE PINES, FL. 33023

City, State & Zip Code

(954) 559-5721

Telephone Number

Note: Please provide the original and one copy of the Articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

ACAD / DESIGN, CORP.

ARTICLE II PRINCIPAL OFFICE

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

6661 SW 18TH STREET APT. 107
PEMBROKE PINES, FL. 33023

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BIENBENIDO E. POU
6661 SW 18TH STREET APT. 107
PEMBROKE PINES, FL. 33023

ARTICLE V INCORPORATOR(S)

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

BIENBENIDO E. POU
6661 SW 18TH STREET APT. 107
PEMBROKE PINES, FL. 33023

President / Secretary

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25 day of APRIL 2001



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ACAD / DESIGN, CORP.

6661 SW 18TH STREET, APT 107
PEMBROKE PINES, FL. 33023

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

BIENBENIDO E. POU

(Name)

6661 SW 18TH APT. 107

(P.O. Box or Mail Drop NOT acceptable)

PEMBROKE PINES, FL. 33023

(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)

4/24/01
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 23214