

# P010000065748

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

### BEST COLOR, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

McKnight JUL 03 2007

# ARTICLES OF INCORPORATION OF

**BEST COLOR, INC.**  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida

## ARTICLE I - CORPORATE NAME

The name of the corporation is: **BEST COLOR, INC.**

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00 ) par value common stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	CLAUDIA MARTINEZ		
ADDRESS	3807 NW 7 STREET		
CITY	MIAMI	STATE	FL
			ZIP 33126

The principal office, if known or the mailing address of the corporation is:

NAME	CLAUDIA MARTINEZ		
ADDRESS	3807 NW 7 STREET		
CITY	MIAMI	STATE	FL
			ZIP 33126

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as follows:

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TALLAHASSEE, FLORIDA

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NAME	MEDARDO MARTINEZ		
ADDRESS	242 PALM AVE		
CITY	MIAMI BEACH	STATE	FLORIDA ZIP 33139
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows :

NAME	MEDARDO MARTINEZ		
ADDRESS	242 PALM AVE		
CITY	MIAMI BEACH	STATE	FLORIDA ZIP 33139
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			
NAME			
ADDRESS			
CITY			

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 28 day of JUNE, 2001.

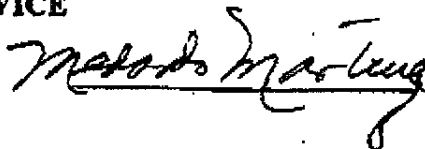
PREPARED: SOSA ACCOUNTING TAX SERVICE

570 EAST 49 STREET

HIALEAH, FL 33013

(305) 688 - 1716

(305) 688 - 1714

 (Seal)

\_\_\_\_\_ (Seal)

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**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**BEST COLOR, INC.**

(name of corporation)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation.

**AT: 3807 NW 7 STREET**


**MIAMI, FLORIDA 33126**

**Has named CLAUDIA MARTINEZ**

Located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with provisions of Florida Law in keeping open said office.

  
(registered agent)