# LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE

(Aldress)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

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CORPORATION NAME(s) & DC			
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3. (Corporation Name)	(Doc	cumant #)	SEP AH
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Walk in Pick up time	2.00	Certified Copy	PH 12: 59 SEE FLORID
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NEW FILINGS	AMENDMENTS Amendment		
Profit NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered A	Dent	/ ,
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### ARTICLES OF INCORPORATION

OF

### GALE COMMUNICATIONS INC.



The Undersigned, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights, duties and obligations of the undersigned as incorporator and those of the corporation, are to be determined in accordance with the laws of State of Florida.

### ARTICLE I

The named of this corporation shall be:

### GALE COMMUNICATIONS INC.

### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of incorporation by the Department of State, State of Florida and shall have perpetual existence.

### ARTICLE III

The general nature of the business and objects and purposes proposes to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall futher have power:

  To have perpetual succession by its corporate name:

### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1200 shares, having an individual per value of \$ 1 (One Dollar).

Unless otherwise stateed in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of thes corporation.

# ARTICLE V

The street address of the initial principal office and the name of the Initial Resident Agent of this corporation shall be:

The street address of the initial principal office shall be:

2370 SW 163 TERRACE MIRAMAR, FL. 33027.

The name and street address of the initial Resident Agent of this corporation shall be:

PEDRO VASQUEZ 2370 SW 163 TERRACE MIRAMAR, FL. 33027.

# ARTICLE VI

The initial board of Directors shall consist of a total of (Two) 2 person and the name and address of the person who is to serve as an initial director is:

PEDRO VASQUEZ 2370 SW 163 TERRACE MIRAMAR, FL. 33027.

YRMERY OLIVEROS 2370 SW 163 TERRACE MIRAMAR, FL. 33027

The name and address of the incorporator executing these Articles of Incorporation is:

PEDRO VASQUEZ 2370 SW 163 TERRACE MIRAMAR, FL. 33027. IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 14 day of September of year 2001.

STATE OF FLORIDA)

COUNTY OF DADE ) SS.

BEFORE ME, a notary public authorized to take acknowledgements in the State and County set forth above, personally appeared Pedro Vasquez know to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he(they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 14 day of September of year 2001.

My Commission Expires:

Ernesto Gutlerrez
My Commission DD 026196
Expires June 21, 2005

NOTABA PUBLIC, STATE OF FLORIDA

AT LARGE

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 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:
GALE COMMUNICATIONS INC.
2 THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS
PEDRO VASQUEZ
NAME
2370 SW 163 TERRACE
(P.O. BOX NOT ACCEPTABLE)
MIRAMAR, FL. 33027.

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.

(CITY/STATE/ZIP)

SIGNATURE:

DATE:

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LAHASSEE FLORINA