## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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## FLORIDA PROFIT CORPORATION OR P.A.

RETISAT.COM, INC

Certificate of Status	0
Certified Copy	(1)
Page Count	03
Estimated Charge	\$78.75

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### 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:

Retisation, Inc

#### ARTICLE II - PRINCIPAL OFFICE

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

P.O. Box Ø2-564Ø NICADOX # 743 MIAMI, FL 331Ø2-564Ø

#### ARTICLE III -SHARES

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

100

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RICHARD L. MUNIZ' 5914 SW 146 - COURT MIAMI, FC 33183 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# H01000110940

#### ARTICLE V - INCORPORATOR

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

RICHARD L. MUNIZ' 5914 SW 1462 Count

miami FC 33183

The undersigned incorporator has executed these Articles of Incorporation this 30 day of October 2001

Signature

#### **ARTICLE VI- DIRECTOR(S)**

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

RICHARD L. MUTIZ (President)

D.O. Box 02-5640

Mica Box # 743

miami, FL 33102-5640

Karla V. Muniz (V. Dresident)

P.O. Box 62-5640

Nica 60x + 743

miami, FC 33102-5640

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

RETARY OF STATE