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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 : (305)599-0839 : (305)716-0346 Phone Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

ALCOM ASSOCIATES, INC.

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

ARTICLES OF INCORPORATION

<u>OE</u>

ALCOM ASSOCIATES, INC.

ARTICLE I - NAME

The name of this Corporation is ALCOM ASSOCIATES, INC.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the corporation is

3880 Northeast 6th Avenue, Unit 202 Miami, FL 33137

ARTICLE III - DURATION

The Corporation shall have perpetual existence.

ARTICLE IV - PURPOSE

This Corporation is organized for the purpose of transacting any or all lawful business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - CAPITAL STOCK

The aggregate number of shares which the Corporation shall have the authority to issue shall be 100 shares of ONE DOLLAR (\$1.00) par value voting common stock.

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ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 3880 N.E. 6th Avenue, Miami, FL 33137 and the name of the initial registered agent of this Corporation at that address is Alejandro Lopez.

ARTICLE VII - 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 the by-laws but shall never be less than ONE (1). The name and address of the initial director of this Corporation is:

Alejandro Lopez 3880 N.E. 6th Avenue, Unit 202 Miami, FL 33137

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is Alejandro Lopez:

3880 N.E. 6th Avenue, Unit 202 Miami, FL 33137

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 2.7 day of November, 2001.

Incorporator

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CERTIFICATE OF REGISTERED AGENT

<u>OF</u>

ALCOM ASSOCIATES, INC.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Acr.

That ALCOM ASSOCIATES, INC. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, at the City of Miami, County of Miami-Dade. State of Florida, has named Alejandro Lopez as its agent to accept service of process within this State.

ACKNOWLEDGMENT .

Having been named to accept service of process for the above-stated Corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 27 day of November, 2001.