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Florida Department of State
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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.

OUR WORKSHOP SYSTEM, INC.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
OF
OUR WORKSHOP SYSTEM, INC.**

ARTICLE I

The name of the corporation is: OUR WORKSHOP SYSTEM, INS.

ARTICLE II

The Corporation may engage in or transact in any or in all activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The Corporation is authorized to issue and have outstanding an aggregate number of One Hundred (100) shares of one class of common stock, having a par-value of One (\$1.00) Dollar per share. This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV

All shareholders of the Corporation shall be vested with full preemptive rights.

ARTICLE V

The Corporation initial Registered Agent and Registered Office in the State of Florida are:

INITIAL REGISTERED AGENT: KLAUS BOSSHAMMER
INITIAL PRINCIPAL OFFICE: 7900 West 25 AVE.
and REGISTERED OFFICE Hialeah, Fl. 33016

Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated

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TALLAHASSEE FLORIDA

in these Articles of Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the law pertaining thereto.

ARTICLE VI

The number of Directors constituting the Initial Board of Directors of the Corporation is four, the number of Directors may be increased or decreased from time to time by Laws but shall never be less than one.

ARTICLE VII

The name and address of the members of the Initial Board of Directors is:

Name	Address
Klaus Bosshammer	2494 Centergate Dr Apt.#203 Miramar, FL33025
Raymond Matias	7360 W 20 th Ave #133 Hialeah, FL 33016
Marilou Misagal Bosshammer	2494 Centergate Dr Apt #203 Miramar, FL 33025
Leonila Munar Vu	19456 NW 62 Ave Hialeah, FL 33015

ARTICLE VIII

The name and addresses of the Incorporators executing these Articles of Incorporation are:

Title/Name	Address
President : Klaus Bosshammer 26 % SHARE	2494 Centergate Dr Apt. #203 Miramar, FL 33025

Vice-President:

Raymond Matias
25% Shares

7360 W 20th Ave #133
Hialeah, FL 33016

Treasurer:

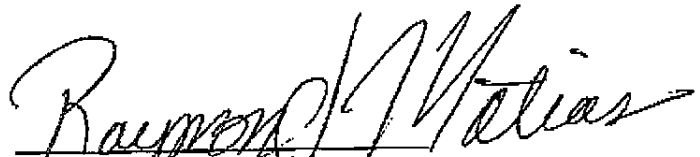
Marilou Misagal Bosshammer
25% Shares

2494 Centergate Dr Apt #203
Miramar, FL 33025

Secreatry:

Leonila Munar Vu
24% Shares

19456 NW62 Ave
Hialeah, FL 33015


Klaus Bosshammer
Raymond Matias
Marilou Misagal Bosshammer
Leonila Munar Vu

ACKNOWLEDGMENT

STATE OF FLORIDA]
] SS
COUNTY OF MIAMI DADE]
]
_____]

Before a Notary Public authorized to take acknowledgment in the STATE OF FLORIDA and COUNTY OF MIAMI DADE , set forth above, personally appeared Klaus Bosshammer, Raymond Matias, Marilou Misagal Bosshammer and Leonila Munar Vu , to be the person(s) who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

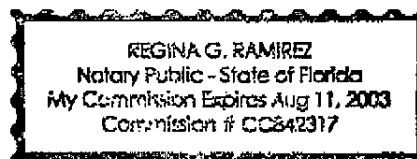
IN WITNESS WHEREOF, I have set here unto my hand and seal affixed in the STATE OF FLORIDA, COUNTY OF MIAMI DADE, this 18th day of January, 2002.



Notary Public

STATE OF FLORIDA AT LARGE

My commission expires: August 11, 2003



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 and 617.0501, 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.

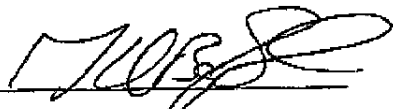
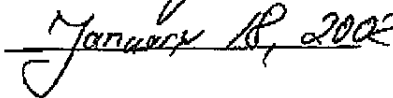
1. The name of the corporation is: OUR WORKSHOP SYSTEM, INC.
2. The name and addresses of the registered agent and office is:

KLAUS BOSSHAMMER
7900 WEST 25 AVE.
HIALEAH, FL.33016

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: _____

Date: _____

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TALLAHASSEE, FLORIDA

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