

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 02 MAY - 8 AM 9: 55

FLORIDA PROFIT CORPORATION OR P.A.

LA QUINCALLA PLUS, INC.

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

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ARTICLES OF INCORPORATION OF

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE | NAME

The name of the corporation shall be:

LA QUINCALLA PLUS, INC

The principal place of business of this corporation shall be: 4490 WEST 19th COURT # 21513 - HIALEAH, FLORIDA, 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida; or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 SHARES NO PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

SONIA BARBEITE - PRESIDENT 4490 WEST 19th COURT #21513 HIALEAH. FLORIDA, 33012

DIVISION OF CORPORATIONS

02 MAY -8 AM 9: 55

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to this articles of incorporation is(are):

SON)A BARBEITE = PRESIDENT 4490 WEST 19th COURT- # 21513 HIALEAH, FLORIDA, 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

08

day of MAY 2002 2002

Signature(s) of incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: LA QUINCALLA PLUS, INC
2. The name and address of the registered agent and office is:
SONIA BARBEITE= PRESIDENT
(P.O. BOX NOT ACCEPTABLE)
4490 WEST 19th COURT # 21513 - HIALEAH, FLOREDA, 33012
(CITY/STATE/ZIP)
SIGNATURE SIGNATURE
TITLE PRESIDENT 22 VIST
DATE MAY 08- 2002 & 72
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES. SIGNATURE DATE MAY 08- 2002